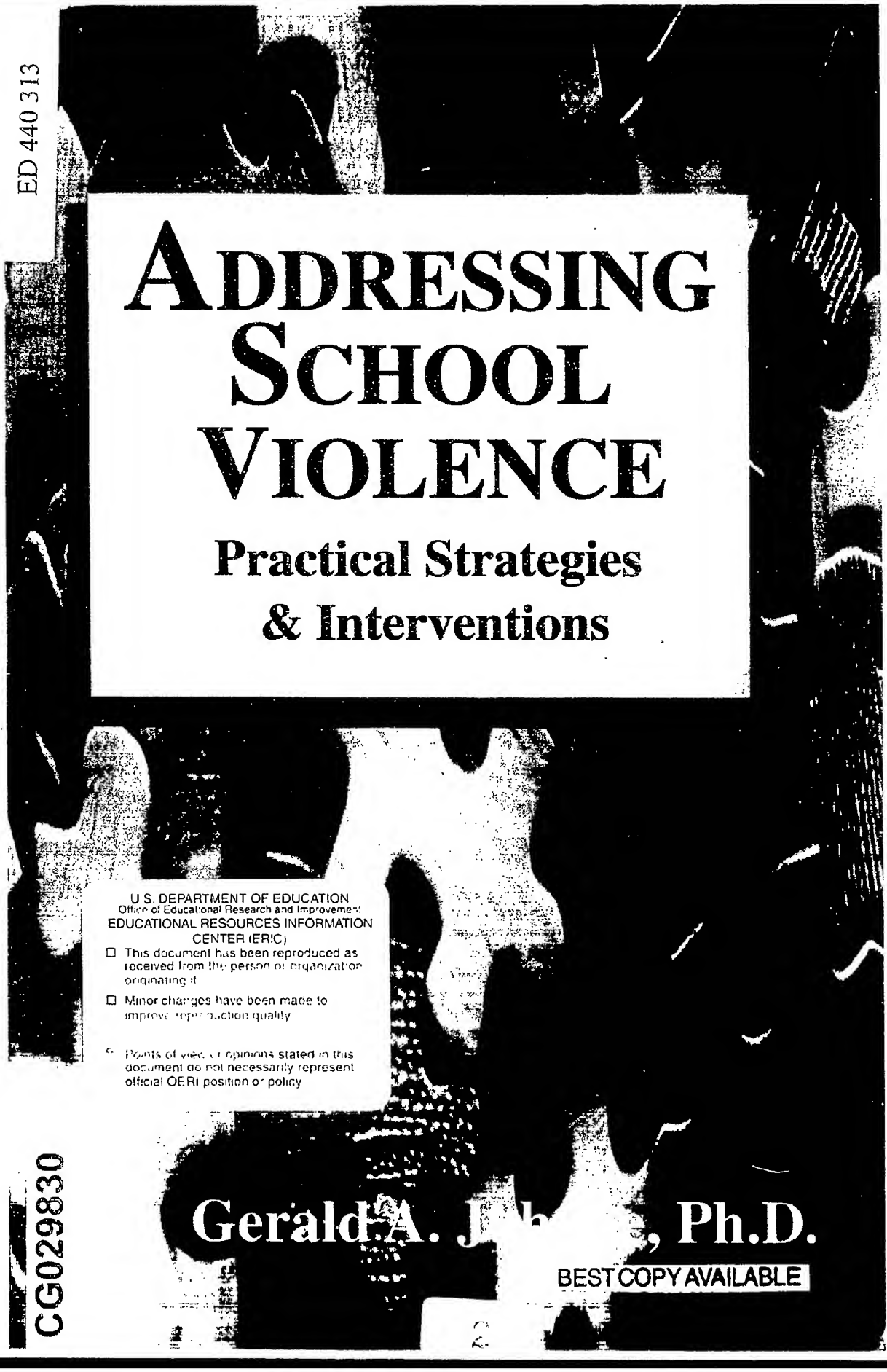
DOCUMENT RESUME

ED 440 313 CG 029 830

AUTHOR Juhnke, Gerald A.
TITLE Addressing School Violence Practical Strategies & Interventions.
INSTITUTION ERIC Clearinghouse on Counseling and Student Services, Greensboro, NC.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
ISBN ISBN-1-56109-089-1
PUB DATE 2000-00-00
NOTE 87p.
CONTRACT ED-99-CO-0014
AVAILABLE FROM ERIC Counseling and Student Services Clearinghouse, University of North Carolina at Greensboro, 201 Ferguson Building, P.O. Box 26171, Greensboro, NC 27402-6171. Tel: 336-334-4114; Tel: 800-414-9769 (Toll Free); Fax: 336-334-4116; e-mail: ericcass@uncg.edu; Web site: http://ericcass.uncg.edu.
PUB TYPE Books (010) -- Guides - Non-Classroom (055) -- ERIC Publications (071)
EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Check Lists; Counselor Role; Elementary Secondary Education; *Evaluation; *High Risk Students; Intervention; Models; School Counselors; Systems Approach; Victims of Crime; *Violence
IDENTIFIERS Debriefing

ABSTRACT

This book, designed for school counselors, provides information on identifying potentially violent youth, working with victims of school violence, and preparing schools to deal with violence. Chapter one, "Assessment and Diagnosis with Violent and Potentially Violent Students," describes the importance of assessment and diagnosis. It provides readers a succinct, practitioner-relevant foundation for later chapters. Chapter two, "The VIOLENT STUdent Scale: A Semistructured Clinical Interview for Assessing Potentially Violent Students," discusses the three key challenges faced by school counselors. It also describes the VIOLENT STUdent Scale, an instrument that provides school counselors with a data-based semi-structured interview that uses pre-established questions and renders general clinical recommendations based upon student engendered responses. The third chapter, "Using a Systems of Care Approach with Potentially Violent Students," goes beyond the identification of potentially violent students to describe a systems of care approach with concomitant integrated interventions for students who, though at risk, do not warrant placement in a restricted environment. Chapter four, "Using an Adapted Debriefing Model with School Violence Survivors" (Gerald A. Juhnke, Brian M. Gmutza, Joseph P. Jordan, and Matthew Fearrington), describes a post-violence debriefing model which can be used by mental health professionals affiliated with schools or working with school age children to address needs and concerns of students and parents related to school violence. The fifth chapter, "A Checklist To Assess School Violence Preparedness," describes a pre-violence checklist. The final chapter, "School Violence: Where Do We Go From Here?" describes future initiatives related to curbing school violence and promoting school safety. Each chapter includes a list of questions and a list of references. (MKA)



ADDRESSING SCHOOL VIOLENCE

Practical Strategies & Interventions

Gerald A. J[illegible], Ph.D.

Addressing School Violence

Practical Strategies & Interventions

Gerald A. Juhnke

PO Box 26171
Greensboro, NC 27402-6171

ISBN 1-56109-089-1

This publication was funded in part by the US Department of Education, Office of Educational Research and Improvement, Contract no. ED-99-CO-0014. Opinions expressed in this publication do not necessarily reflect the positions of the US Department of Education, OERI, or ERIC/CASS.

Preface

Few topics have captured the attention of students, counselors and school staff, parents, and the community as has school violence. Everyone has been touched by graphic pictures on television and in newspapers showing the aftermath of violence in the schools. Where violence has occurred in schools, there is the compelling question of how to deal with the after shock experienced by both those directly involved as victims and those who could have been victims but were not.

What makes this an exceptional publication is how well it targets key questions that need to be addressed by counselors, school staff, students, and parents. It avoids glib generalizations and easy panaceas. Instead, it provides a field tested approach that offers real promise for school personnel wishing to address the challenge of potential or actual school violence.

Several features of this compelling and succinct monograph deserve special attention. First is the focus on identifying students with a potential for school violence so that they can be helped *before* violence occurs – a much preferred strategy to waiting until it *has* occurred. Secondly, it deals with the question of how to help students (and staff) who have experienced school violence. This is, of course, a large group, and its members can become dysfunctional if not attended to in a psychologically appropriate manner. Third, it provides clear strategies as to how the school and community should address violence. Prior planning and preparation are essential if a school is to effectively deal with violence – both within its confines and with the environment around it. Perhaps most of all, it offers a clear, psychologically sound and clinically tested approach that all counselors can adopt and adapt to their particular school situation.

Through using the ideas presented in this monograph, counselors can play a vital role in helping their school avoid serious violence, and, if it does occur, be better prepared to cope with it. Whether you are experienced in responding to school violence or new to it, you will find this monograph invaluable!

Garry R. Walz
Director, ERIC/CASS

Table of Contents

Chapter One

Assessment and Diagnosis with Violent and Potentially Violent Students

Gerald A. Juhnke

Chapter Overview

Although mass student school shootings have recently gained significant national attention, more routine forms of student violence (e.g., homicide, rape, aggravated assault, etc.) continue to plague our nation's schools and streets. These less sensational but equally harmful violent behaviors warrant appropriate response. This monograph chapter describes the importance of assessment and diagnosis with violent and potentially violent students, and provides readers a succinct, practitioner relevant foundation for later chapters.

Assessment and Diagnosis with Violent and Potentially Violent Students

Adequate assessment is vital to the counseling process and critical to the establishment of pertinent treatment goals and objectives (Juhnke, 1995; Vacc 1982; Vacc & Juhnke, 1997). This is especially true when counseling violent and potentially violent students. Here, assessment serves as a treatment guide. Thus, counselors can use assessment to establish treatment goals and aid them in the identification of their students' presenting concerns.

Equally important, however, is the role assessment plays related to less easily identifiable student psychopathology (e.g., aberrant thinking, paranoia, depression, etc.). Many violent students do not readily volunteer critical information regarding behaviors robustly correlated with violent students such as the torturing of animals or potentially harmful or deadly behaviors like carrying a gun to Friday night's football game. Thorough assessments, then, serve as a means to identify potentially violent students and harmful behaviors, and, thus, help protect all students and the general community.

Furthermore, thorough assessments help insulate counselors from potential liability. If, for example, during typical daily interactions with students for seemingly benign behaviors (e.g., low school interest, attendance, tardiness), a counselor fails to discern a student's violent or homicidal thoughts, and the student acts upon these thoughts, others could become injured or even killed. Therefore, the counselor may be held ethically responsible and financially liable for failure to appropriately assess the student's immediate violent intent and intervene appropriately.

Using Clinical Interviews

When assessing violent or potentially violent students, I have found clinical interviews particularly useful (Vacc & Juhnke, 1997). Thus, I typically begin the students' assessment experience with one or more standardized clinical interviews. Clinical interviews such as the *Adapted SAD PERSONS Scale (A-SPS)*, a suicide assessment scale, (Juhnke, 1996), the *SUBSTANCE-Q*, a substance abuse assessment scale (Juhnke & Scholl, 1997), the *Problem Oriented Screening Instrument for Teenagers (POSIT)*, a multisymptom assessment instrument, (E. Rahdert, personal communication, August 6, 1996) and the *VIOLENT STUdent Scale*, a violence risk scale described in greater detail in Chapter 2, provide direct ways of learning about students and their presenting concerns. In addition to gaining highly relevant information regarding potentially violent

students and their concerns, clinical interviews often engage students and provide an opportunity for students to interact within a safe a d inviting professional relationship.

In general, I have found that students readily participate in clinical interviews, even when they have flatly refused to participate in more traditional paper and pencil, or computer scored psychological assessments. Thus, when I believe students demonstrate a potential for violence, I typically engage them in general conversation and ask if they would be willing to participate in a "clinical interview." After responding to any indicated questions related to the proposed interview, I describe the purpose of the interview and indicate how the information obtained via the clinical interview will likely be used.

Specifically, it is important to indicate that the interview's purpose is to learn how the counselor can be helpful to students, and determine if students pose a significant threat or danger to themselves or others. Additionally, students need to be informed regarding how the obtained information will be used. Here, it is indicated that the information gathered via the clinical interview will be used to:

(a) insure the students' safety as well as the safety of others,
(b) determine whether or not further assessment is warranted, and
(c) determine whether or not a secure or more structured environment such as a hospital, foster care, or juvenile detention setting is warranted.

Should students indicate an unwillingness to participate, a rarity given that most students I encounter report either "relief" that someone "finally cares" or "appreciation" for demonstrating sincere and respectful interest in them, I typically indicate that their nonparticipation virtually guarantees school expulsion. Additionally, it is most likely that nonparticipating students will be required to complete a battery of psychological tests and interviews, before they are allowed to return to school. Nonparticipating students perceived at great risk for violent behaviors may even be placed in more restrictive settings where they will be monitored and assessed until sufficient information can be gathered to make an informed determination related to the students' violent risk potential.

The intent of the statement is not to threaten or intimidate. Rather, the statement merely reflects reality. When school administrators are faced with potentially violent students who refuse to participate in the assessment process and whose parents refuse to require the students to participate, the school must act to insure its students' safety and insulate the school district from potential liability risks. Thus, until it is determined that such students are not a significant risk, it is likely that they will be

prohibited from returning to school. When presented with such information and the gravity of the situation, most students and their parents comply with the assessment process.

Furthermore, it is important to explain to students that they control the clinical interview and may stop the interview at any time. Rarely have I had a student stop a clinical interview. However, the opportunity to do so seems to dispel most concerns and reminds students that they control the assessment process.[1]

Structured clinical interviews insure that students receive a very thorough face-to-face clinical assessment. At the conclusion of the clinical interview, then, the counselor should have sufficient information to determine whether or not further psychological assessment is warranted. Only those warranting further assessment via more traditional instruments progress to the next step. This tiered process (i.e., providing the face-to-face clinical interview first and requiring additional assessment instruments as needed) insures adequate intervention options and reduces both traditional testing costs, and the time and energy required to administer, score, and interpret such traditional testing experiences when such testing is unwarranted.

Furthermore, clinical interviews provide a context in which to view student symptomatology identified by more traditional, broad spectrum assessment instruments such as the *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A).* Here, for example, the assessment instrument might suggest a student is angry, hostile, depressed, and experiencing familial stressors. Yet, such information needs to be placed within the context of the student's immediate circumstances and stressors.

Thus, via the clinical interview we might learn that the student's angry feelings stem from perceived injustices experienced within the student's family, including but not limited to perceptions of:

(a) overwhelming responsibilities resulting from being the oldest within the family siblingship,
(b) verbal abuse, and
(c) parental favoritism toward a younger sibling.

Additionally, we might find that the student's depressed feelings began following a best friend's recent suicide. Further, it might be noted that the student's violent behaviors typically occur following arguments between his parents and himself, and when he perceives himself being teased by fellow classmates. This information is vital to the intervention process and provides a framework in which to view the identified symptomatology. Furthermore, the context provides intervention directions.

Additionally, structured clinical interviews help the counselor better understand students' familial supports.[2] Specifically, clinical interviews

provide a nonthreatening opportunity to interact with students' families. Such interaction can reduce family members' possible defensiveness, encourage students to see their family systems as more helpful and less caustic, and actually serve as part of the counseling intervention itself. Thus, direct, nonthreatening questions can be used to gain further information about violent ideation and behaviors, as well as the precipitators to same. Furthermore, clinical interviews can be used in a manner to engender change.

For example, during a family interview with a potentially violent student and his parents, the counselor might ask something like,

> "Simon indicates that he is the oldest son in this family and suggests that at times he enjoys participating in a parenting-like role with his younger brothers and sisters. Yet, there seems to be times when Simon finds some family responsibilities overwhelming, and he becomes angry. Certainly there are times when all of us have responsibilities which we don't find enjoyable. However, I am wondering, should Simon feel overwhelmed or angry, would you be willing to hear his concerns and talk with him?"

This question has specific relevance. First, the question begins with the statement, "...at times...", Simon enjoys participating in a parenting-like role[3] and follows with the indication that everyone, at one time or another, has duties which they don't find enjoyable. These statements are noncondemning to the parents and remind Simon that all responsibilities are not enjoyable. Additionally, the statements imply that the parenting role is the parents' responsibility vis-a-vis Simon's. Thus, Simon can be a parenting helper, but he cannot be a parent and should not be expected to behave like one.

Second, the question asks "...should Simon feel overwhelmed or angry...". Here, the word "should" indicates that these feelings may not occur in the future. Thus, it suggests to Simon and his parents that he may not have these feelings in the future. In contrast, inserting the word "when" would suggest that Simon will have these future feelings.

Finally, the question asks Simon's parents if they would be willing to listen to his concerns and talk with him, should he feel overwhelmed or angry. Again, this question is made in a noncondemning manner. Few parents with whom I have counseled have indicated they would be unwilling to listen to their child's concerns or feelings. As a matter of fact, most parents with whom I interact truly love their children and yearn for opportunities to engage them in conversation. Therefore, if Simon's parents indicated they would be willing to listen to Simon's

concerns and feelings, I would ask them how he should present these concerns to them. For example, I might say,

> "Carl and Ruth, I am hearing you say that you would be very willing to listen to Simon should he have any concerns or should he feel overwhelmed or angry. Should Simon ever have those feelings in the future, how would you want him to indicate such concerns or feelings?"

Here, the intent is to have Simon better understand that his parents want to hear his concerns and learn how he can appropriately present his concerns or feelings to his parents in a nonthreatening, nonviolent manner. Concomitantly, the intent is to have father and mother become more aware of how Simon may present his concerns or feelings, and to encourage their listening commitment.

On rare occasions, I have had parents indicate that they are unwilling to listen to their son's or daughter's concerns or feelings. Typically, these parents present as rather angry, and they frequently indicate their children have relatively few required responsibilities in comparison to the many significant demands placed upon the parents. If, for example, mother stated,

> "No, I am not willing to hear Simon's concerns or talk with him when he feels overwhelmed or angry. He has no 'real' concerns, and he shouldn't feel angry. Simon lives a life of Nintendo, Coca Cola, HBO, and loud music. I work two jobs, and he doesn't lift a finger around the house. Simon throws a fit whenever I ask for just a little help. I go to work at 7 a.m., get out at 3:30 p.m., and race to my second job where I wait tables and endure rude people from 4:30 until 8:00 o'clock at night. Simon sleeps until 9 a.m., usually is tardy for his first hour class, refuses to take care of his three younger siblings and refuses to grow up."

Here, the counselor might respond by validating the mother[4] indicating something like,

> "It sounds as though you're working very hard and feeling unappreciated. What is it that you are really asking Simon?"

The intent of this question is to open previously closed communication between Simon and his mother and continue to assess the family's needs. It is likely that mother will give a response like,

> "What is it that I really want from Simon? I want him to be a man, to quit whining, and to help with household and parenting duties."

Here, the counselor might turn to Simon and state,
"Simon, what do you hear your mom asking you to do?"

Simon's likely reply may be something like,
"She just wants me to be her slave and work like a dog around the house."

To this, the counselor might reply,
"Maybe I am wrong, but I don't hear her asking you to be a slave or to work like a dog.
Mom, are you asking Simon to be a slave or work like a dog?"

If mother responds,
"No, I just want some help around the house."

The counselor might ask,
"Help me understand exactly what you want Simon to do."

Thus, the counselor would attempt to have mother indicate in realistic, concrete, behavioral terms the specific charges she wishes Simon to complete. The counselor could help mother and Simon establish a token economy. Hence, based upon Simon's completion of identified tasks and corresponding time requirements (e.g., each night by 5 p.m.), he would receive meaningful privileges like watching preapproved HBO movies which father and mother believe are appropriate for Simon's viewing.

The intent of the above vignettes is to again demonstrate how clinical interviews serve a number of important purposes. Clinical interviews assess Simon and mother's specific needs and provide vital information related to family dynamics. Furthermore, the assessment process can be used to reduce family members' defensiveness while encouraging students to see their families in a more helpful manner. Finally, the assessment process can actually serve as part of the clinical intervention itself or can provide a sequela into an intervention such as a token economy.

Common Diagnoses

It clearly is beyond this chapter's scope to examine all possible *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV)* diagnoses which might be related to a potentially violent

student's symptomatology. However, a succinct review of four DSM-IV diagnoses and their associated criteria is important. These include Conduct Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder and Attention Deficit Disorder with Hyperactivity, and generic Substance Abuse and Dependence diagnosis terminology[5]. A rudimentary understanding of these *DSM-IV* diagnoses and their criteria helps counselors better understand a student's degree of presenting psychopathology and facilitates an opportunity for continuous assessment (Vacc, 1982). Thus, in cases relevant to this chapter, counselors using *DSM-IV* diagnoses are able to continually assess their student's disorder as it relates to potentially violent and violent behaviors. Failure to note progress warrants treatment reviewand requires the counselor and student to investigate other treatment options.

Conduct Disorder Diagnosis

The students with whom I work who are potentially violent or violent commonly qualify for a Conduct Disorder diagnosis. This diagnosis' foremost and most predominant characteristic is a pattern of persistent behaviors in which the student denies others' rights (e.g., initiates physical fights) or ignores major age-appropriate societal norms (e.g., breaks into homes or cars) (APA, 1994). In particular, a Conduct Disorder diagnosis includes four main categories:

(a) aggressive behaviors which threaten or harm other people or animals,
(b) behaviors which cause damage to property,
(c) lying and stealing, and
(d) full violation of societal rules or norms.

Oppositional Defiant Disorder

A second common disorder I find with potentially violent and violent students is that of Oppositional Defiant Disorder. Students with this disorder typically present with a general pattern of negativistic, hostile and defiant behaviors which have been ongoing for at least 6 months (APA, 1994). Four or more of the following criteria must be present to fulfill the Oppositional Defiant Disorder. Here, the student often:

(a) loses his or her temper,
(b) argues with adults,
(c) actively defies or refuses to comply with adults' requests or rules,
(d) deliberately annoys people,
(e) blames others for his or her mistakes or misbehavior,
(f) is touchy or easily annoyed by others,
(g) is angry and resentful, and/or

(h) is spiteful or vindictive.

It is important to note that these criteria are met only if the behavior occurs more frequently than is typically encountered with students of comparable age and development levels.

Attention Deficit Disorder

Students presenting with Attention Deficit with Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) with whom I work typically qualify for an additional comorbid Conduct Disorder or Oppositional Defiant Disorder. The prominent feature with ADHD or ADD is an inability to maintain age appropriate attention and an inability to concentrate on the specific task at hand. Symptoms such as inattention include behaviors like frequently:

(a) failing to pay close attention to details and making careless mistakes in schoolwork, work, or other activities,
(b) having difficulty sustaining attention in tasks or play activities,
(c) not seeming to listen when directly spoken to,
(d) not following through on instructions and failing to finish schoolwork, chores, or duties in the workplace (not resulting from oppositional behaviors or an inability to understand instructions),
(e) having difficulty organizing tasks and activities,
(f) avoiding, disliking, or demonstrating reluctance to engage in tasks that require sustained mental effort,
(g) losing books and items necessary for successful completion of tasks or activities,
(h) being distracted by extraneous stimuli, and
(i) forgetting daily activities (APA,1994).

Additionally, many students qualifying for ADHD demonstrate hyperactivity by often:

(a) fidgeting with their hands or squirming in their seats,
(b) leaving their classroom seats at times when being seated is expected,
(c) running or climbing excessively in inappropriate situations,
(d) having difficulty playing quietly during leisure activities,
(e) being "on the go" or acting as if "driven by a motor," and
(f) talking excessively.

Symptoms of impulsivity must be noted as well. Such symptoms would include frequently:

(a) blurting out answers before questions have been completed,

(b) having diffuculty waiting one's turn, and
(c) interrupting or intruding upon others.

Such symptoms must have persisted for at least 6 months. Additionally, some symptoms need to have been present at or before age 7, and have been present in at least two separate settings (e.g., home and school). Additionally, the symptomatology should be creating significant impairment in social,academic, or occupational functioning or relationships (APA, 1944).

Substance Abuse and Dependence

Although substance abuse and dependence have not been noted in the recent mass school violence instances, it is vitally important to note any student substance abuse or dependence disorders. Clearly, a robust correlation exists between adolescent violence, and substance abuse (Hawkins, Catalano, & Miller, 1992). This correlation is predominant and reoccurring throughout existing professional research literature (Beck, Kline, & Greenfeld, 1988; Dembo, Williams, Fagan, & Schmeidler, 1994; Johnston, O'Malley, & Bachman, 1995; National Institute of Justice [NIJ] 1994; McCutcheon & Thomas, 1995; Snyder & Sickmund, 1995). Any student, potentially violent or not, presenting with substance abuse or dependence symptomatology warrants immediate treatment.

Substance Dependence Diagnosis

Substance Dependence may be defined as an adolescent's persistent substance use despite recurring substance related problems. For example, an alcohol dependent student may have a chronic history of school tardiness and absences which lead to academic failure. Yet, despite knowing that these alcohol related tardiness and absences result in academic failure, the student continues to use. This persistent pattern may also be associated with physical tolerance, the need to increasingly use greater substance amounts to achieve the desired effects, withdrawal symptomatology such as physical tremors, nausea, and vomiting, and compulsive substance abuse. Students qualifying for any form of substance dependence have a potentially life threatening illness and most likely need physician directed detoxification.

Substance Abuse Diagnosis

The Substance Abuse Diagnosis requires the clinician to assess the adolescents' maladaptive substance abuse patterns. For instance, there may be significant failure to fulfill social and interpersonal obligations (e.g., school attendance, job performance) or equally significant legal difficulties such as alcohol-related driving violations.

Criteria for Substance Abuse Diagnosis must have occurred during the preceding 12 months. A Substance Abuse Diagnosis would not include tolerance or withdrawal symptomatology, nor would there necessarily be any evidence of compulsive substance using behaviors. When assessing an adolescent for substance abuse, it is important to note that a Substance Dependence Diagnosis preempts the Substance Abuse Diagnosis. Finally, neither caffeine nor nicotine is included among the list of substances typically associated with a substance abuse diagnosis (APA,1944 pp. 182-183).

Summary

This chapter has described the importance of assessment and the use of clinical interviews with violent and potentially violent students. Readers have learned that assessment via the clinical interview process provides both a context in which to view presenting symptomatology and a means to learn more about the client's family. Furthermore, it has been demonstrated that assessment can actually serve as a basic intervention. Finally, four common diagnoses have been reviewed and the significant correlation between substance abuse and dependence, and violence has been noted.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Beck, A. J., Kline, S. A., & Greenfeld, L. A. (1988). *Survey of youth in custody, 1987,* Washington, DC: US Department of Justice.

Dembo, R., Williams, L., Fagan, J., & Schmeidler, J. (1994). Development and assessment of a classification of high risk youths. *The Journal of Drug Issues, 24,* 25-53.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64-105.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1995). *National survey results on drug use from the monitoring the future study, 1975-1995. Volume I: Eighth, Tenth, and Twelfth Graders.* Washington, DC: National Institute on Drug Abuse.

Juhnke, G. A. (1995). *Mental health counseling assessment: Broadening one's understanding of the client and the client's presenting concerns.* Greensboro, NC: ERIC/CASS ERIC Document Reproduction Service No. ED 388 883)

Juhnke, G. A. (1996). The adapted-SAD PERSONS: A suicide assessment scale designed for use with children. *Elementary School Guidance & Counseling, 30,* 252-258.

Juhnke, G. A., & Scholl, M. B. (1997, April). *SUBSTANCE-Q: A substance abuse assessment scale.* Paper presented at the 1997 American Counseling Association World Conference, Orlando, FL.

McCutcheon, A. L., & Thomas, G. (1995). Patterns of drug use among white institutionalized delinquents in Georgia: Evidence from a latent class analysis. *Journal of Drug Education, 25* (1), 61-71.

National Institute of Justice (1994). *Drug use forecasting, 1993 annual report on adult arrestees: Drugs and crime in America's cities.* Washington, DC: U.S. Department of Justice.

Snyder, H. N., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention

Vacc, N. A. (1982). A conceptual framework for continuous assessment of clients. *Measurement and Evaluation in Education, 15,* 40-47.

Vacc, N. A. & Juhnke, G. A. (1997). The use of structured clinical interviews for assessment in counseling. *Journal of Counseling and Development, 75,* 470-480.

Chapter One Questions

1. With which of the following statements would the author most likely agree?

   A. Clinical interviews can be used to gain important contextual information related to the student's presenting symptomatology.
   B. Clinical interviews can provide important information regarding the student's concerns.
   C. Clinical interviews can be used in a manner to engender change.
   D. All of the above.

2. The predominant characteristic of Conduct Disorder is:
   A. A pattern of persistent behaviors in which the student denies others' rights.
   B. A pattern of persistent behaviors in which the student ignores age-appropriate societal norms.
   C. Both A and B.
   D. None of the above.

3. Which statement is correct?
   A. Most students perpetrating acts of mass school violence do so while under the influence of alcohol or other drugs.
   B. There exists little correlation between adolescent violence and alcohol or other drug abuse.
   C. Both A and B are correct.
   D. Both A and B are incorrect.

4. A Substance Abuse Diagnosis requires:
   A. A student's maladaptive substance abuse pattern.
   B. Physical tolerance to psychoactive substances.
   C. Both A and B.
   D. None of the above.

5. According to the author:
   A. Most students will become angry when asked to participate in a structured clinical interview.
   B. Most students will refuse to participate in a structured clinical interview.
   C. Most students will participate in a structured clinical interview if they are asked with respect and sincerity.

D. Most students will participate in a structured clinical interview if threatened with expulsion.

6. The most meaningful portion of this chapter related to my work with students was:

---

7. Compare and contrast Conduct Disorder to Oppositional Defiant Disorder.

---

8. Compare and contrast Substance Abuse Disorders to Substance Dependence Disorders.

---

9. What does the author mean by a "tiered" assessment process? Describe the suggested benefits of the process and possible negative costs.

---

10. What *DSM-IV* diagnoses does the author suggest are common among violent and potentially violent students? List other common *DSM-IV* diagnoses you find correlated with violent students in your work setting or anticipated work setting.

Answers
1. D
2. C
3. D
4. A
5. C

Footnotes

[1]Contrary to some professionals' beliefs, students always maintain control over their self-endorsements. Hence, students can respond accurately or inaccurately to posed clinical interview or standardized paper and pencil test questions. Or, they may attempt to present themselves in the most positive manner.

[2]The importance of student familial supports is specifically relevant to the Systems of Care Philosophy and intervention discussed in upcoming Chapter 3.

[3] Such statements should only be made if they are true.

[4]Validating the parent does not include validating mother's presented perceptions or feelings, which may or may not be accurate. Instead it is suggested that the counselor respond empathetically to her voiced concerns and the underlying feelings or cognitions which engender these concerns.

[5]The *DSM-IV* uses the generic terms "Substance Abuse" and "Substance Dependence" and requires counselors to apply the more relevant term to a specific psychoactive substance (e.g., alcohol). Thus, the appropriate term (Abuse or Dependence) is joined with the psychoactive substance to which one is abusing or dependent (e.g., marijuana abuse, alcohol dependence).

Chapter Two

The VIOLENT STUdent Scale: A Semistructured Clinical Interview for Assessing Potentially Violent Students

Gerald A. Juhnke

Chapter overview

Three key challenges for school counselors are:

(a) the recognition of high-risk factor clusters corresponding to potentially violent students,

(b) a quick and thorough assessment suggesting the magnitude of immediate risk, and

(c) generalized clinical intervention guidelines based upon such high-risk clusters and corresponding risk.

The described *VIOLENT STUdent Scale* provides school counselors a data-based semi-structured clinical interview which uses pre-established questions and renders general clinical recommendations based upon student engendered responses.

The VIOLENT STUdent Scale: A Semistructured Clinical Interview for Assessing Potentially Violent Students

Firearm homicide rates for youth ages 15 to 19 increased 155% between 1987 and 1994 (Centers for Disease Control and Prevention/ National Center for Injury Prevention and Control, 1996); and homicide arrest rates for youth ages 14 to 17 increased 41% between 1989 and 1994 (Fox, 1996). The most recent *Violent Offense Arrests Reports* published by the United States Federal Bureau of Investigation (FBI) indicate that 37,323 children ages 14 and under, and 86,130 adolescents ages 15 to 17 were arrested in 1997 for committing severe acts of violence (e.g., homicide, aggravated assault, rape, etc.) (United States Bureau of Justice, 1999). Garbarino (1999) reports approximately 10% of the 23,000 annual homicides in the United States are committed by persons under age 18. Such data clearly demonstrate the need to recognize high-risk factor clusters corresponding to potentially violent students.

I have found that many potentially violent students are unwilling to participate in formal paper and pencil or computer scored testing instruments. However, I often find that these potentially violent students will readily participate in face-to-face, semistructured clinical interviews. Thus, the intent of this chapter is to describe one such semistructured clinical interview. The *VIOLENT STUdent Scale* can be utilized by school counselors to more readily recognize potentially violent students via the assessment of high-risk factor clusters. The instrument can also assess a student's immediate potential for violence. Concomitantly, the instrument provides both the suggested magnitude of immediate risk and generalized clinical interventions based upon the presence of such clusters.

The VIOLENT STUdent Scale:

The *VIOLENT STUdent Scale* is an atheoretical scale which I developed in response to interviewing potentially violent students. The scale is founded upon 10 student violent risk factor clusters identified within the literature by the United States Departments of Education and Justice (Dwyer, Osher & Warger, 1998) and by the FBI's National Center for the Analysis for Violent Crime/Critical Incident Response Group (Supervisory Special Agent Eugene A. Rugala, personal communication, August 31, 1998). These high-risk factor clusters are indicated below with a brief summary suggesting the reason for their inclusion.

Violent or Aggressive History. Students with violent or aggressive histories are at greater risk of perpetrating violence or aggression towards others than students without an aggresive/violent history. Thus, they are

identified within this scale as being at increased risk for potential violent or aggressive behaviors.

Isolation or Feelings of Being Isolated. The vast majority of students who isolate themselves from peers or who appear friendless typically are not violent. However, within the high-risk factor cluster suggesting increased potential for violence, isolation or feelings of being isolated can be associated with students who behave violently towards peers. For this reason, students isolating themselves or reporting feelings of being isolated from others should be considered at greater risk.

Overt Aggression Toward or Torturing of Animals. There exists a high correlation between students who demonstrate aggression toward animals or those who torture animals with violence. Hence, students who present with either of these factors should be considered at increased risk of violence.

Low School Interest. The genesis of this risk factor could come from any of a multitude of reasons which by themselves may not evoke violent behaviors. However, in combination with other possible violence related risk factors noted within this scale, students presenting with low school interest may have an inability to perform as well as they desire and may feel frustrated by such inability. Additionally, these students may perceive themselves as belittled by those performing more favorably. Thus, when challenged to increase performance or when feeling harassed by those performing at higher levels, these students may become violent. For these reasons, this factor has been included.

Expressions of Violence in Drawing or Writing. Violent students often indicate their intentions before acting violently via drawings or writing. Such expressions of violence should be assessed immediately and should not be easily dismissed.

Noted by Peers as Being "Different". On many occasions after student violence, peers and others will note that the perpetrating student was labeled as being "different" from peers or being associated with some group. Hence, students frequently labeled by peers as being "weird," "strange," "geeky," etc. may be at increased risk.

Threats of Violence Towards Others. Any threat of violence towards others should be immediately assessed and appropriate intervention action should be taken to insure safety. Direct threats such as, "I'm going to kill him" as well as veiled threats such as, "Something big is going to happen to you after school" clearly are inappropriate and warrant immediate assessment.

Social Withdrawal. Withdrawal from peers and familial supports can indicate the student is experiencing any of a number of concerns (e.g., depression, helplessness, etc.) which warrant assessment and intervention. When combined with other risk factors, social withdrawal

may signal potential violence toward others.

Teased or Perceptions of Being Teased, Harassed, or "Picked On." Violent students often have a hypersensitivity toward criticism. These students report perceptions of being teased, harassed or being picked on by those toward whom they were violent. Thus, when hypersensitive students present with other identified risk factors, the potential for violence increases.

Use Which is Inappropriate or Inappropriate Access to firearms. Students inappropriately using firearms (e.g., shooting at buses, airplanes, people, etc.) or having inappropriate access to firearms clearly have the potential to act violently and do so with a high degree of lethality. Again, this factor by itself may suggest little. However, when combined with other risk factors it suggests increased potential for violence.

VIOLENT STUdent Scoring and Intervention Guidelines

Each of the above listed risk factors can receive a score between 0 (complete absence of a risk factor) and 10 (significant manifestation of a risk factor). Proposed intervention guidelines are based upon the total number of points received. This number can range between 0 and 100. The intended purpose of this instrument is to augment one's clinical judgment when one perceives a student is having a significant propensity for violence. General mass application of this instrument with nonsuspected or nonviolent students would likely engender an unacceptable percentage of false-positive responses. Therefore, the instrument should only be used when a student is perceived as being at risk for violent behaviors and the corresponding general clinical guidelines represent a minimal standard of care which should be adjusted according to the student's specific needs and violent intent.

Students perceived at risk of behaving violently and having *Scores of 0-9* may very well have suspect responses which may indicate that the student is attempting to present in a most favorable and nonviolent fashion. Such scores suggest that the student is indicating an absence of violent risk factors. The primary issue with such low scores is the incongruence between the counselor's initial concerns related to the student's violence risk which originally incited the violence assessment and the student's current score which suggests little risk. Consulting with one's clinical supervisor and professional peers can help clarify whether the counselor's original concerns were likely unfounded or whether such concerns suggest that the student's responses to the *VIOLENT STUdent Scale* questions are suspect. Should the counselor's original concerns seem unfounded, the student should be provided information specifically indicating how to contact counselors in the future should help be needed. A single follow-

up meeting with the student within 3 to 5 days to reassess the situation and determine the need for further assessment or intervention is also suggested. On the other hand should the student's responses appear suspect, additional assessment is clearly warranted, and depending upon the outcome of such additional assessment, appropriate interventions should be conducted to insure the student's and others' safety.

Additionally, it should be noted that the presence of certain risk factors, even by themselves, warrant immediate investigation and intervention. For example, any student making violent threats towards others should minimally participate in further formalized psychological testing, counseling with case management, and parental conferencing. Although these steps will not prevent all forms of violence, they are a means to provide a reasonable safety standard.

Students perceived at risk for violence with *Scores of 10-39* should be assessed in turms of their immediate likelihood of harming an identified person or persons. Participation in follow-up counseling should be strongly encouraged as a means to address any presenting concerns, parental contacts should be established; and additional psychological testing should be encouraged if perceived as necessary. Follow-up visits by the school counselor can be used to monitor the student's immediate condition and insure that appropriate services are made available should a change in the student's condition warrant more intense interventions. Giving students a business-size card indicating the local 24-hour crisis telephone number printed on the front and 35 cents taped to the back can provide students with the means to obtain help should they need it. A "no harm contract" may also be useful. Here, students make a promise to the school co unselor and family members indicating that they will call the 24-hour crisis hotline should they feel overwhelmed, "angry enough" to hurt someone or "intent" upon harming someone.

Those perceived at risk and receiving *Scores of 40-69* points are required to participate in counseling with close follow-up services. School counselors are obligated to contact parents or guardians whenever a child is considered to be a danger to self or others. A thorough risk assessment should occur anytime a student indicates intent to harm others. Intent may become manifest in a number of ways. A student may make a verbal statement (e.g., "I'm going to kill Shannon tonight with my dad's gun") or may indicate homicidal intent in written work (e.g., journals, assignments, etc.). Art work depicting a child demonstrating violent behaviors (e.g., dousing and igniting a fellow student with gasoline) deserves further investigation and warrants contacting parents or guardians. Thus, students with these moderate scores should be evaluated and strongly considered for placement in more structured environments (e.g., foster care, group homes, or psychiatric hospitals specializing in

the treatment of violent children) where the opportunities to harm others are reduced and effective treatment for those with potentially violent behaviors can occur.

Certainly students with these scores warrant more formalized psychological testing. Additionally, the unique needs of the specific student and the student's family must be taken into consideration (Allan, Nairne, & Majcher, 1996). A requirement for such a structured living environment placement depends upon a number of factors including the school counselor's confidence in the follow-up arrangements and the student's and parents' willingness to comply with comprehensive treatment recommendations (e.g., individual counseling, family counseling, substance abuse counseling, etc.). Should the student and the student's family fully support the comprehensive treatment recommendations and a more structured living environment be deemed unnecessary, a school interdisciplinary team should be mobilized to develop an academic and socialization support network. Child protective services should be notified if neglect or abuse is suspected.

Scores of 70-100 or greater suggest significant environmental turmoil and emotional stressors. These students are at significant risk of violence towards peers and are likely unable to function adequately without direct intervention. Those whose scores are at the extreme end of this risk continuum warrant immediate removal from the general school environment and a structured living environment (e.g., specialized foster care, group home, inpatient psychiatric hospital, etc.) to insure safety to peers and self. Parents should be contacted and a formal evaluation for a structured living and learning environment should occur. Should the student be deemed an immediate danger to self or others and the parents be unwilling to appropriately support evaluation for a more structured living and learning environment, child protective services should likely be notified. In many cases child protective services can intervene to insure the child is placed in a safe environment until the immediate danger to self or others disappears.

Clearly one should recognize that the presence of any single 10 point factor does not mean astudent will behave violently. However, a clustering of high-risk factors does suggest increased risk. Additionally, high scores with single factors such as low school interest or isolation may not by themselves suggest potential violence risk, but may suggest a student's need of more general counseling services. Lastly, it should be noted that when the assessment identifies specific students as potential targets of violence, those students and their parents or guardians should be informed of specific intended threats. The need for student and parental contact as well as the best method in which this contact should be made (e.g., telephone call, registered letter, etc.) should be discussed with one's

clinical supervisor and legal counsel.

Conclusion

Student violence is a very real danger. Undoubtedly, the *VIOLENT STUdent Scale* will not identify every violent student. No assessment scale will. Although the scale is not intended for mass general application with nonsuspected students, it can be readily used by school counselors as an aid in assessing present high-risk factor clusters and suggesting general intervention guidelines. Potentially violent students with whom I have interacted often refuse to participate in more formalized paper and pencil or computer generated psychological testing. However, when approached with sincerity and respect, they tend to participate in this semistructured clinical interview without hesitation and often report the experience as favorable. Thus, effective interventions can be made before violence occurs.

Three practice vignettes have been developed to increase your *VIOLENT STUdent Scale* assessment skills. These practice vignettes are located on pages 27 through 34. You may wish to read and score these practice vignettes and compare your scores and clinical interventions with these described by the author.

References

Allan, J., Nairne, J., & Majcher, J. (1996). *Violence prevention: A group discussion approach.* Greensboro, NC: ERIC Counseling and Student Services Clearinghouse.

Centers for Disease Control and Prevention/National Center for Injury Prevention and Control (1996). *National summary of injury mortality data, 1987-1994.* Atlanta, GA: Authors.

Dwyer, K, Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools.* Bethesda, MD: National Association of School Psychologists.

Fox, J. A. (1996). *Trends in juvenile violence: A report to the United States Attorney General on current and future rates of juvenile offending.* Washington, DC: Department of Justice, Bureau of Justice Statistics.

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York, NY: The Free Press.

United States Bureau of Justice. (1999). Report on violent offense arrests by age, 1970-97 [On-line]. Available: http://www.ojp.usdoj.gov/bjs/crimoff.htm#data

Table 1.1

VIOLENT STUdent Scale

Violent or aggressive history
Isolation or feelings of being isolated
Overt aggression toward or torturing of animals
Low school interest
Expressions of violence in drawing or writing
Noted by peers as being "different"
Threats of violence towards others

Social withdrawal;
Teased or perceptions of being teased, harassed or "picked on"
Use which is inappropriate or inappropriate access to firearms

Table 1.2

VIOLENT STUdent Scale Scores and General Clinical Guidelines

Score	Clinical Guidelines
70 + Points	Immediate removal from general school environment; structured living environment required.
40 to 69 Points	Counseling with close follow-up required; collaborative meeting with parent(s) or guardians; formalized psychological testing warranted; evaluation and strong consideration of structured living environment placement depending upon student's: (a) willingness to participate in counseling, (b) cooperation in follow-up arrangements and sincere commitment to enter into a no harm contract, and (c) family support
10 to 39 Points	Assessment of immediate danger to self and others;counseling and follow-up counseling offered and strongly encouraged; parental contacts established; additional psychological testing if perceived necessary; no harm contract
0 to 9 Points	Consultation with clinical supervisor and professional peers to determine whether: (a) the student was attempting to present self in an overly positive, nonviolent manner and is in need of more formalized psychological assessment and follow-up intervention, or (b) student should be provided information on how to contact the counselor in case a future need arises.

Vignette One:

LaShawnda

LaShawnda is a 14 year old, African-American,eighth grade student who is well liked by her peers and teachers. She typically receives above average grades, has many friends, and indicatesthat she enjoys school. LaShawnda has never acted violently or aggressively until today. Immediately after learning that she was not chosen for the role of Annie in the school play, she broke into tears, kicked the drama instructor in his leg and was verbally abusive stating, "I hate you...I want to kill you."

As her school counselor, you were asked to interview LaShawnda. She presented with appropriate affect, normal thinking, and easily engaged in conversation. During the interview, LaShawnda denied previous violent behaviors and indicated many friends and peer-related social supports. When asked about aggressive behaviors toward animals, she appeared horrified and indicated she would never harm any "living creature." LaShawnda confessed that she was sometimes "bored" with school, but indicated she often looked forward to attending school and meeting her friends. She also indicated that she does not draw pictures or write journal entries. Questions related to violent drawings or writings were met with the resounding statement, "No, I am not like that." When asked about her statement "I hate you...I want to kill you" which was directed toward her drama instructor, LaShawnda reported that she is embarrassed by her assaultive behaviors and words, "I can't believe I acted so mean." LaShawnda stated that she was "ultra disappointed" and "frustrated" when she was not chosen as the central actor in the play and believed the drama instructor had implied the role of Annie would be hers if she auditioned. When asked if she intended to harm or kill the drama instructor or the student who was cast in the part, she clearly and emphatically denied intent to harm or kill. LaShawnda denied feelings of being "teased" or "picked on" by other students or the drama instructor and indicated she did not know how she could gain access to a gun. When asked, her friends and parents described LaShawnda as a friendly, kind, and "normal" girl who was likely disappointed and frustrated by her inability to be cast in the acting role she wanted.

The Vignette Has Been Scored in The Following Manner:

Violent or Aggressive History	3 points
Isolation or Feelings of Being Isolated	0 points
Overt Aggression Toward or	

Torturing of Animals	0 points
Low School Interest	0 points
Expression of Violence in Drawings or Writings	0 points
Noted by Peers as Being Different	0 points
Threats of Violence Towards Others	0 points
Social Withdrawal	0 points
Teased or Perceptions of Being Teased, Harassed, or "Picked On"	0 points
Use Which Is Inappropriate or Inappropriate Access to Firearms	0 points
Total Points:	3 Points

Suggested Clinical Intervention:

Based upon the information provided, the school counselor would likely perceive that LaShawnda is not at significant risk of harming others. Since information provided by LaShawnda's parents, student peers, and school staff support LaShawnda's self-report, it would be best to discuss more appropriate ways in which LaShawnda could deal with possible future feelings of "disappointment" and "frustration." The school counselor should meet with LaShawnda again within the next 3 to 5 days to re-evaluate how she is doing and provide any additional warranted support or intervention. Furthermore, the school counselor should encourage LaShawnda to contact her school counselor should she wish to talk about possible future concerns or should LaShawnda ever feel like hurting herself or someone else in the future.

Discussion:

LaShawnda's clinical presentation and responses to the *VIOLENT STUdent Scale* suggest that she is not an imminent danger to others.

Concomitantly, she clearly denied intent to harm the drama instructor or the other student involved in the incident. She did receive 3 points due to her recent history of physical aggression (i.e., kicking her drama instructor). Given that her displayed physical aggression lacked significant lethality (i.e., kicking) and was not life threatening, she received a lower score (i.e., 3 points). However, no other points were assigned as her self-report and the ensuing discussion with her parents, teachers, and peers were congruent and suggested little danger to others. Thus, her scores do not appear suspect. Concomitantly, her scores are congruent with her friendly and engaging manner, her specific statement denying intent to harm others, and her many social supports. LaShawnda openly admits her feelings of embarrassment related to the incident and her "ultra disappointment" and "frustration". Such frankness suggests that she is capable of acknowledging and discussing feelings. Therefore, future self-monitoring assignments might be helpful with LaShawnda. For example, the counselor may wish to establish a verbal "no harm" contract with LaShawnda. Here, LaShawnda would agree to contact the school counselor should she begin to feel significant disappointment, frustration, or rage in the future.

Additionally, a release of information from LaShawnda and her parents should be signed allowing a meeting among LaShawnda, her parents, and the drama instructor. Discussion at this meeting should allow LaShawnda to indicate her nonviolent intent toward the drama instructor. A response plan of what prosocial behaviors LaShawnda will enact should she again feel frustrated or angered toward the drama instructor should be developed. Described sanctions for future inappropriate and violent behaviors should be balanced with stated rewards for appropriate and prosocial behaviors.

Vignette Two

Tony

Tony is a quiet, 18 year old, Euro-American, twelveth grade student, who frequently disengages himself from others, and demonstrates little interest in school or social interactions. Despite ongoing speech therapy, he has a pronounced lisp and is often the target of peer engendered pranks and jokes. He reports that he has "no friends" and typically spends his free time watching "slice and dice horror videos." Peers report Tony as

being "quiet," "shy," and "nice." Earlier this week, during physical education class, four male students stripped Tony of his gym shorts and pushed him into the girls' locker room. Since then Tony has told a number of students that he is going to kill the boys who had done this. Additionally, Tony submitted a writing project for his English class this morning which described how he intended to shoot the four male students who had "stripped me of my integrity."

You have been asked to use the *VIOLENT STUdent Scale* to assess Tony's risk for violence. During the clinical interview, Tony indicated that he has never been violent. His self-report is supported by his mother's and school teachers' statements. Tony also denied aggression toward animals or torturing animals stating, "Why would I do that? Animals are nicer to me than people." Tony's parents indicated that Tony has many pet lizards, snakes and birds.

When asked about his reported statements and writings related to killing the four boys who had stripped him and pushed him into the girls' locker room, Tony stated, "I hate them, they always pick on me. I would really like to make them pay for what they did." Although Tony indicated that he "wasn't really going to kill" the boys, he indicated that he would like to "see them get what they deserve." When asked what these boys deserved, Tony stated, "They deserve to be humiliated in front of other people, like they humiliated me." When questioned if Tony thought the four boys deserved to be hurt or killed, Tony responded, "No, just humiliated...no one deserves to be killed." Both Tony and his mother denied the possession of guns or weapons in their home. Tony reported he has "no use for guns" and believed that "people other than the police shouldn't have guns."

Tony's mother reported that he is the oldest of two boys living at home. She indicated that Tony's father died approximately 7 years ago following a work related accident. Both Tony and his mother indicated that they probably "need" counseling and would attend both individual and family counseling options.

The Vignette Has Been Scored in The Following Manner:

Violent or Aggressive History	0 points
Isolation or Feelings of Being Isolated	10 points
Overt Aggression Toward or Torturing of Animals	0 points
Low School Interest	10 points

Expression of Violence in Drawings or Writings	10 points
Noted by Peers as Being Different	0 points
Threats of Violence Towards Others	10 points
Social Withdrawal	10 points
Teased or Perceptions of Being Teased, Harassed, or "Picked On"	10 points
Use Which Is Inappropriate or Inappropriate Access to Firearms	0 points
Total Points:	60 Points

Suggested Clinical Intervention:

The *VIOLENT STUdent Scale* score indicates that:

(a) counseling with close follow-up is required,

(b) more formalized and in-depth psychological testing is warranted, and

(c) collaborative meetings with Tony's parent are necessary.

Furthermore, it suggests that Tony should be evaluated for and strongly considered as a candidate for placement in a structured living environment depending on his willingness to participate in counseling, his and his family's cooperation in follow-up arrangements, and demonstrated family support.

Discussion:

Tony's clinical presentation and responses to the *VIOLENT STUdent Scale* suggest that he is a potential risk to other students, and although this risk may not be imminent, it is sufficient to require Tony's participation in ongoing counseling with close follow-up and case management services. Should Tony make a non-violence pledge (indicating that he agrees not to harm the four boys or anyone else, and contact the school counselor should he begin to think about harming himself or others), agree to participate in counseling service and more

formalized psychological testing, and his mother agree to participate in Tony's treatment, the need to remove Tony from the general school environment appears unwarranted. Although Tony indicates he would like the four boys to experience humiliation, he denies intent to kill or harm them. Additionally, he states, "...no one deserves to be killed." This further suggests that, although Tony clearly was upset by the four boys' behaviors, he will likely not kill or harm them. Based upon mother and Tony's agreement to participate in counseling, it is suggested that Tony receive ongoing treatment with case management follow-up. This would allow him to work on pressing issues and allow the school counselor to monitor Tony's behaviors. Should Tony begin to decompensate or indicate intent to harm others in the future, the counselor could then have a greater probability of intervening before violence occurred.

Additionally, the school counselor should contact an immediate supervisor and legal counsel to determine whether the four boys originally identified by Tony as being future targeted victims and their parents or legal guardians should be informed of Tony's previous statements of intended violence.

Vignette Three:

Wyatte

Wyatte is a friendly, engaging, 16 year old, Hispanic, eleventh grade student. He is intelligent, highly verbal, and has been placed in accelerated courses due to his advanced math skills. He has three close friends, and is well liked by the general student body. Wyatte reports he wishes to attend college and become a civil engineer like his father. Wyatte has been dating 16 year old Maria for approximately one year. Today, Maria severed the relationship and indicated she had begun dating a high school senior, 18 year old Quinn. Upon learning this, Wyatte threatened Quinn in the school hallway and indicated, "If you ever see Maria again, I will kill you." A fight followed. Wyatte was soundly beaten by Quinn. Wyatte reportedly stated, "I'm getting a gun and you will die tonight in the school parking lot before you get to your car."

The school resource officer has brought Wyatte to your office. As Wyatte's school counselor you have been asked to use the *VIOLENT STUdent Scale* to assess his risk for violence. Wyatte presented as very angry and was reticent to speak. His responses to your questions were

brusque. When asked whether he intended to kill or harm Quinn or Maria, Wyatte stated, "They get what they get." When queried about the meaning of his response, Wyatte did not answer. When asked about his verbal threat to kill Quinn, Wyatte stated that he wished to leave the office and did not want to discuss the situation further. Questions related to Wyatte's statement of "getting a gun" and killing Quinn in the school parking lot were met with silence. A telephone call to Wyatte's father revealed that his father does not own a gun and didn't know where Wyatte would get one.

Wyatte denied violent drawings or writings, and indicated that he did not feel teased by others. These responses were perceived as accurate by Wyatte's mother and father. Both mother and father indicated they would be willing to engage in counseling, if this would be helpful to Wyatte.

The Vignette Has Been Scored in The Following Manner:

Violent or Aggressive History	0 points
Isolation or Feelings of Being Isolated	0 points
Overt Aggression Toward or Torturing of Animals	0 points
Low School Interest	0 points
Expression of Violence in Drawings or Writings	0 points
Noted by Peers as Being Different	0 points
Threats of Violence Towards Others	10 points
Social Withdrawal	0 points
Teased or Perceptions of Being Teased, Harassed, or "Picked On"	0 points
Use Which Is Inappropriate or Inappropriate Access to Firearms	0 points
Total Points:	10 Points

Suggested Clinical Intervention:

Although Wyatte's VIOLENT STUdent Scale score is 10 and the suggested intervention is to strongly encourage counseling, Wyatte's responses related to firearm access are suspect and his threats warrant immediate intervention.

Discussion:

This vignette demonstrates the need to consider the VIOLENT STUdent Scale scores and suggested clinical guidelines as general in nature. Clearly, any student making a direct threat such as the one made by Wyatte warrants immediate intervention to insure the safety of the identified victim(s). Pending immediate discussion with one's clinical supervisor and legal counsel, the intended victims and their parents should be notified. Additionally, Wyatte's unwillingness to discuss where or how he would obtain a gun warrants intervention. Any time students make a threat and then either: (a) refuses to discuss how they would go about fulfilling the threat, or (b) logically and cogently present how the threat would be completed, the threat should be considered viable and appropriate intervention should be made.

Although Wyatte will not indicate how he will obtain a gun, he has made a specific threat. Additionally, based upon information contained within the vignette, it seems likely that Wyatte may feel humiliated by the loss of his girlfriend and the ensuing fight which occurred between Wyatte and Marie's new boyfriend, Quinn. Thus, an immediate parental meeting with Wyatte is warranted, as well as further formalized psychological testing. Depending upon the exact outcome of these events, it would seem logical that:

(a) Quinn, Marie, and their parents be informed of Wyatte's threats,

(b) Wyatte participate in counseling with significant case management monitoring,

(c) Wyatte's parents participate with Wyatte in family counseling related to the incident, and

(d) Wyatte be strongly considered for school suspension until it is determined that he is not a significant risk to Quinn, Marie, and others.

Chapter Two Questions

1. Which of the following is *incorrect*?
   A. Firearm homicide rates for youth ages 15 to 19 increased 155% between 1987 and 1994.
   B. Relatively few violent offenses are committed by children under the age of 14.
   C. Ten percent of homicides committed within the U. S. are committed by persons under the age of 18.
   D. None of the above are incorrect.

2. Which is *not* a *VIOLENT STUdent Scale* risk factor?
   A. Isolation or feelings of being isolated.
   B. Social economic status.
   C. Being noted by peers as being "different".
   D. All of the above are *VIOLENT STUdent Scale* risk factors.

3. Certain *VIOLENT STUdent Scale* risk factors singularly identified by themselves warrant immediate intervention. Which of the following risk factors indicated below does NOT warrant immediate intervention by itself?
   A. Threats of violence towards others.
   B. Low school interest.
   C. Use which is inappropriate or inappropriate access to firearms.
   D. Expressions of violence in drawing or writing.

4. Which statement regarding the *VIOLENT STUdent Scale* is true?
   A. *The VIOLENT STUdent Scale* is a broad spectrum instrument designed to be used via mass general administrations among general student populations to determine who is at increased risk of violent behaviors.
   B. *VIOLENT STUdent Scale* scores between 0 and 10 indicate a student who lacks potential for violent behavior; students scoring within this range should be considered nonviolent and well functioning.
   C. School counselors should consult their clinical supervisors and legal counsel whenever possible before informing potential victims and their parents to insure that the notification and its method (e.g., telephone call, registered mail, etc.) are appropriate.
   D. Use of the *VIOLENT STUdent Scale* removes the need to use other psychological assessment instruments.

5. Students perceived at risk for violence with VIOLENT STUdent Scale scores between 40 and 69 should minimally be required to participate in all but the following?

A. Counseling with close follow-up.
B. Additional formalized psychological testing.
C. Collaborative meetings with parents or guardians and school counselors.
D. All of the above should minimally be required.

6. What part of this chapter has been most helpful to you?

---

7. If in your clinical judgement you were convinced that a student was intending to act violently, but, the VIOLENT STUdent Scale failed to suggest significant risk, describe how you would respond.

---

8. What further questions would you ask if a student verbally threatened another?

---

9. Describe how you might respond to a parent who indicates an unwillingness to participate in counseling with a student who you believe to be at significant risk for violent behaviors?

---

10. What counseling resources have you used within your school district (or you believe would be available in the counseling setting in which you intend to work) have proven successful with students identified as being violent?

Answers

1. B
2. B
3. B
4. C
5. D

Chapter Three

Using A *Systems Of Care Approach* with Potentially Violent Students

Gerald A. Juhnke

Chapter Overview

Within this ERIC/CASS monograph, we have reported the most recent data suggesting the violent incidence rates among school students and ways to recognize potentially violent students. The intent of this chapter goes beyond the identification of potentially violent students to describe a *Systems of Care Approach* with concomitant integrated interventions for students who, though at risk, do not warrant placement in a restricted environment. The approach seems especially relevant to school counselors and the academic social milieu in which they counsel, and encourages a unified community and agency effort to promote nonviolent behaviors.

Using a *Systems Of Care Approach* with Potentially Violent Students

The number of violent and aggressive behaviors experienced and perpetrated by school age children is noteworthy and indicates that the issue of student violence is salient in contemporary American society (Centers for Disease Control and Prevention/National Center for Injury Prevention and Control, 1996; Fox, 1996; United States Bureau of Justice, 1999). Residual effects of such behaviors have significant potential to foster diagnosable disorders such as Posttraumatic Stress Disorder, Adjustment Disorder with Anxious Mood, and Acute Stress Disorder upon both survivors and perpetrators. Violence related semistructured clinical interviews (e.g., the *VIOLENT STUdent Scale*) and psychological instruments (e.g., the *Minnesota Multiphasic Personality Instrument-Adolescent*) are available to school counselors to aid in the identification of potentially violent students. Needed, however, is a *Systems of Care (SOC) Approach* encompassing enough to provide broad spectrum application to students who experience high-risk factor clusters for violence, but have been ruled out as warranting restrictive environments.[1] Thus, the following chapter provides a *SOC* Approach which can be adapted, as necessary, to the specific student's needs and uniqueness.

Systems of Care

The *SOC* Approach has been identified as an innovative model for treatment and service delivery within both the juvenile justice (Borduin, 1994) and educational systems (Duchnowski, 1994; Eber, Osuch, & Redditt, 1996). This approach utilizes professional (e.g., school counselors, school psychologists, probation officers, etc.) and nonprofessional (e.g., grandmother, deacon, baseball coach, etc.) persons identified by the student and the student's family as important to the student's counseling process (VanDenBerg, & Grealish, 1996). Specifically related to reducing the probability of violence, high-risk students would identify persons perceived by self and others as being able to aid them in their goal of remaining violence free (e.g., school counselors, teachers, parents, coaches, etc.). Thus, the approach encourages the development of an individualized treatment plan based upon both traditional (i.e., individual, group, and family counseling) and nontraditional (e.g., photography, basketball, gardening, etc.) interventions which the student perceives will promote times devoid of

violence. Often, violent students with whom I have counseled receive mandated treatment and case management services from multiple mental health agencies and judicial systems. Instead of having these agencies and systems work independentlywith little coordination, the *SOC* Approach establishes a joint venture to meet the needs of the student during and beyond the school day. This effort requires joint commitment and collaboration by those identified by the student and the student's family as important to this team approach.

Once a student is identified as experiencing high-risk clusters for violence, and it has been determined that a restrictive environment is not warranted, the student and the student's family would participate in a *SOC Approach* strengths assessment. Here, the school counselor, professionals representing other agencies providing services to the student (e.g., speech therapists, juvenile probation officers, etc.), the student's family members, and persons identified by the student and the student's family would meet. Three goals of this strengths assessment include: (a) determining how the student and the student's family are meeting their current needs (including keeping the student violence free), (b) identifying ways in which mental health professionals and nonprofessionals can be helpful to the student and the student's family (especially related to keeping the student violence free), and (c) providing the student and the student's family positive feedback about their current beneficial actions (VanDenBerg & Grealish, 1996). The underlying purpose of the strengths assessment is to provide the student and the student's family information regarding what they are doing well and to help them build upon such strengths to reinforce the student's nonviolent and prosocial behaviors. Each person in attendance works in his or her designated role to fulfill this underlying purpose. Additionally, a spirit of collaboration and equality is fostered as nonprofessionals' suggestions and ideas are considered equal in importance to those made by professionals.

For example, during one recent strengths assessment, I learned that a student presenting with a high-risk factor cluster for violence enjoyed gardening with his mother and grandmother. The student reported that he felt "at peace" when he was gardening with his mother and grandmother, and that their joint discussions while gardening "made life bearable". Specifically, the student stated that he didn't feel "teased" by peers when he was gardening. Therefore, he did not have the angry feelings which were common antecedents to his potentially violent outbursts towards peers. The student's grandmother made the suggestion that the student should increase the number of minutes per day that he was gardening. The mother and grandmother further identified many positive attributes and skills which the student possessed, and then challenged him to use these in a violent free manner. Both mother and

grandmother discussed the "costs" and "consequence" of becoming violent again (e.g., being removed from his home, not being able to garden, being removed from his mother and grandmother, etc.). Later, these three identified the types of vegetables and flowers they would grow, clarified each person's "garden responsibilities" and discussed the enjoyment they experienced while gardening together in a serene and peaceful, "family" environment. Throughout this meeting, the mother and grandmother carefully worded their statements in a manner which encouraged this young man to stay violence free and challenged him to stay away from behaviors which had commonly led to his previously violent behaviors towards peers (e.g., "bottling up" his feelings of anger, associating with violent peers, consuming alcohol with the intention of becoming intoxicated, etc.). The significant respect this young man had toward both mother and grandmother was readily apparent, and the treatment goals and objectives recommended by these family members were fully embraced by the student. Similar goals and objectives recommended by the traditional treatment community would likely have been met with considerable resistance and noncompliance by both the student and family. However, this was not the case when such recommendations were made by respected and knowledgeable nonprofessionals who were centrally important to this young man's life.

It is important to note that the intent of the strengths assessment is not to "gloss over" or minimize student presented concerns or difficulties. Certainly, this would be an injustice. Instead, the intent is to coordinate helpful interactions among the student, the student's family, the school, other agencies and systems, and with professional and nonprofessional persons identified by the student as important in his or her ability to behave in violent free ways. In addition, the intent is to encircle the student within a powerful treatment milieu which establishes daily monitoring and encourages participation in behaviors identified by the student as engendering violent free times. I have found that increasing the number of nonviolent behavior alternatives and people identified as important to the student, who concomitantly indicate a willingness to aid the student in remaining violence free, promotes student compliance and accountability.

Finally, it should be noted that the *SOC Approach* requires individual attention to 12 critical domain areas (e.g., Residence, Family, Emotional/ Psychological, Educational/Vocational, Safety, Legal, Medical, Spiritual, Cultural, Behavioral, and Financial) (Eber, Nelson, & Miles, 1997). Each domain requires the treatment team of professionals and nonprofessionals to consider the uniqueness of individual students, their needs and experiences, and a variety of factors to be considered if treatment is to be effective. For example, the Residence Domain, requires information

related to the student's living arrangements. Here, the treatment team might need to determine if the student lives in a place which has adequate space, heat, water, and safety. Should this not be the case, the counselor, in conjunction with other professional and nonprofessional persons representing multiple agencies and systems, will need to help the family obtain living arrangements which minimally provide the types of services and items necessary for a safe and healthy living environment.

Individual, Group, and Family Counseling Models

In general it appears that: (a) individual therapeutic models designed to promote insight lack efficacy; and (b) individual counseling models which include the use of cognitive or cognitive-behavioral intervention or integrated models in which cognitive or cognitive-behavioral and social learning interventions such as social skills training and/or problem solving skills training are used together are most efficacious when intervening with students presenting either high-risk or with a history of violence (Guerra, Tolan, & Hammond, 1994; Hammond, 1994; Morrissey, 1997; Tate, Reppucci, & Mulvey, 1995). Tate et al.'s review of group and family counseling models suggests that although there has been an increase in the use of family therapy in recent years, little evidence exists which clearly indicates that the use of individual or family counseling alone produces substantial changes. Simply stated, there exists no single model which conclusively eliminatesviolent student behaviors.

Conclusion

Based upon existing literature, it becomes readily apparent that potentially violent students will likely benefit from an integrated intervention which includes: cognitive or cognitive-behavioral oriented individual, group and intensive family counseling services. Each treatment model must include the overlapping components of social learning, social skills training and/or problem solving skills to work effectively with at-risk students. The *SOC Approach* seems well suited for such multiservice interventions where professionals from various agencies can jointly devise with students, students' families, and significant nonprofessional others ways to impede potentially violent behaviors and increase socially desirable behaviors. Concomitantly, the use of trusted and respected nonprofessionals identified by the student as important insures a treatment approach which is specifically developed to meet the unique needs and goals of each student, thereby enhancing student motivation and treatment compliance. Coordination of the *SOC Approach* with students potentially at-risk for violence behaviors increases

treatment provider collaboration and the promotion of integrated interventions with the purpose of preventing student violence and fostering prosocial modes of interaction.

References

Borduin, C. M. (1994). Innovative models of treatment and service delivery in the juvenile justice system. *Journal of Clinical Child Psychology, 23*, 19-25.

Centers for Disease Control and Prevention/National Center for Injury Prevention and Control (1996). *National summary of injury mortality data, 1987-1994*. Atlanta, GA: Authors.

Duchnowski, A. (1994). Innovative service models: Education. *Journal of Clinical Child Psychology, 23*, 13-18.

Eber, L, Nelson, C. M, & Miles, P. (1997). School-based wraparound for students with emotional and behavioral challenges. *Exceptional Children, 63*, 539-555.

Eber, L., Osuch, R., & Redditt, C. A. (1996). School-based applications of the wraparound process: Early results on service provision and student outcomes. *Journal of Child and Family Studies, 5*, 83-99.

Fox, J. A. (1996). *Trends in juvenile violence: A report to the United States Attorney General on current and future rates of juvenile offending*. Washington, DC: Department of Justice, Bureau of Justice Statistics.

Guerra, N. G., Tolan, P., & Hammond, R. (1994). Prevention and treatment of adolescent violence. In L. D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reasons to hope: A psychosocial perspective on violence and youth* (pp. 383-404). Washington, DC: American Psychological Association.

Morrissey, C. (1997). A multimodal approach to controlling inpatient assaultiveness among incarcerated juveniles. *Journal of Offender Rehabilitation, 25*, 31-41.

Tate, D. C., Reppucci, N. D., & Mulvey, E. P. (1995). Violent juvenile delinquents: Treatment effectiveness and implications for future action, *American Psychologist, 50*, 777-781.

VanDenBerg, J. E., & Grealish, E. M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies, 5*, 7-21.

United States Bureau of Justice. (1999). Report on violent offense arrests by age, 1970-97, [On-line]. Available: http://www.ojp.usdoj.gov/bjs/crimoff.htm#data

Chapter Three Questions

1. Which of the following was not identified as part of the described *Systems of Care Approach?*

A. Utilization of professionals.
B. Maintaining the focus upon the potentially violent student via individual counseling.
C. Development of a treatment team.
D. Utilization of nonprofessionals.

2. Which of the following best describes the strengths assessment contained within the *Systems of Care Approach*?

A. Identifies the current problems facing the student and determines how the student can best address these problems.
B. Assesses the student's resources, abilities, and skills.
C. Minimizes the student's concerns and difficulties.
D. Identifies existing programs which the student can be enrolled to engender increased resource and application opportunities.

3. Increasing the number of nonviolent behavior alternatives and people identified as important to the student who indicate their willingness to help the student remain violence free results in which of the following?

A. Increases the likelihood of compliance and accountability.
B. Increases the probability of confusion among the many roles and obligations among the team members.
C. Increases the student's concerns about their responsibilities.
D. All of the above are incorrect.

4. Which area listed below is not noted as one of the critical domain areas within the *Systems of Care Approach*?

A. Safety.
B. Legal.
C. Spiritual.
D. All of the above are noted as critical domain areas within the *System of Care Approach.*

5. In general, which model(s) appear to be least effective in promoting nonviolent behaviors among high risk students?

A. Insight oriented models.
B. Cognitive models.
C. Cognitive-Behavioral models.
D. Integrated models which include cognitive, cognitive-behavioral

and social learning models.

6. Describe the *Systems of Care Approach* reported within this chapter in your own words.

---

7. Given that the *Systems of Care Approach* is designed to build upon the student's and the student's family's strengths, describe how you would address parental concerns that neither the student or the family had sufficient strengths to adequately mobilize against the student's violent behaviors.

---

8. In your own words, describe why the Residence Domain is important to the effective use of *Systems of Care*?

---

9. Given that there exists no single treatment model which has been conclusively identified as eliminating violent student behaviors, describe how you would integrate the *Systems of Care Approach* with both a cognitive and social learning model to bring about desired results.

---

10. Think of the last student you counseled who was violent or potentially violent. Who would this student have identified as important to maintaining his or her nonviolent behaviors? If you have never counseled a violent student, who would you anticipate a violent student would identify as important to maintaining his or her nonviolent behaviors?

Answers

1. B
2. B
3. A
4. D
5. A

[1]Such nonrestrictive determinations should be made by multiple mental health professionals who have: (a) provided appropriate psychological testing, and (b) conducted interpersonal interviews with the student, and the student's family, peers, and teachers.

Chapter Four

Using an Adapted Debriefing Model with School Violence Survivors

Gerald A. Juhnke, Brian M. Gmutza, Joseph P. Jordan & Matthew Fearrington

Chapter Overview

Elementary, middle, and high school students witnessing or experiencing violence can experience negative residual psychological effects such as post-traumatic stress, generalized anxiety, and adjustment disorders. This chapter describes a post-violence debriefing model which can be used by mental health professionals affiliated with schools or working with school age children to address needs and concerns of students and parents related to school violence.

Using an *Adapted Debriefing Model* with School Violence Survivors

School violence clearly is a topic of national importance. Scenes of traumatized students and grieving parents from Jonesboro, AR, Pearl, MS, Edinboro, PA, Springfield, OR and Littleton, CO are not easily forgotten. Such scenes readily remind mental health professionals affiliated with schools or working with school age children or adolescents of the need to be knowledgeable in post-violence interventions. The intent of this chapter, then, is to familiarize readers with *Critical Incident Stress Debriefings (CISD)*, succinctly outline the distinct differences between *CISD* and the *Adapted Debriefing Model*, and describe how mental health professionals can use the *Adapted Debriefing Model* as a post-violence intervention.

Critical Incident Stress Debriefing Vs. The *Adapted Debriefing Model:*

Critical Incident Stress Debriefing (CISD) is a widely recognized, small group process originally developed to be used with adult emergency workers (e.g., fire fighters, emergency medical technicians, etc.) who encounter particularly distressing situations (Mitchell & Everly, 1993). This seven stage model uses adult peer facilitators. Some have cited *CISD* as a viable intervention with school age children and adolescents who experience violence or suicide (O'Hara, Taylor, & Simpson, 1994; Thompson, 1990). Yet, *CISD* was originally developed solely for adult use and did not take into account the special needs of children and adolescents. The *Adapted Debriefing Model*, however, was developed as an assessment and intervention method specifically designed for elementary, middle, and high school student populations exposed to violence (Juhnke, 1997). Compared to *CISD*'s single group experience, the *Adapted Debriefing Model* requires two separate debriefing experiences. The first experience is with parents; the second is a joint student-parent experience. Additionally, the *Adapted Debriefing Model* requires the use of trained mental health professionals versus *CISD*'s use of nonprofessional, adult peer facilitators. Mental health professionals using the *Adapted Debriefing Model* should be familiar with the social, intellectual, and psychological development stages corresponding to the students being served. Concomitantly, formal group and family graduate school training is important.

Description

Roles:

The primary team member roles within the *Adapted Debriefing Model* are leader, co-leader, and doorkeeper. The leader briefly explains the debriefing process, creates a supportive milieu, identifies those experiencing excessive levels of emotional discomfort, and directs team members via hand signals to intervene with severely distraught students or parents. In addition, the leader discusses with parents and students common symptom clusters (e.g., diagnoses) experienced by violence survivors (e.g., post-traumatic stress disorder, adjustment disorders with anxious mood, etc.) The leader normalizes such symptoms and encourages parents to recognize more severe symptomatology which may require additional counseling (e.g., recurrent encopresis, persistent outbursts of anger, chronic hypervigilance).

Co-leaders add relevant comments during the session and support the leader. Most importantly, co-leaders give immediate support to students and parents who become emotionally distraught. They also help prevent disruption that may otherwise inhibit group dynamics. The title of the third role is doorkeeper. Persons performing this important role prevent nonparticipants (e.g., reporters, other students) from entering the session. Doorkeepers also prevent severely distraught students or parents from bolting from sessions.

Before the Debriefing

Before the debriefing, team members should be apprised of the circumstances surrounding the violent episode. Answers to a number of questions warrant investigation related to the violent incident. For example, teams should learn whether or not the violence was random or specifically targeted toward the victims. Additionally, teams should learn whether or not the perpetrator(s) was/were apprehended. These factors will likely have an influence upon participants' perceptions of the violent episode and the moods with which the students and parents present. Additionally, if the violent act was gang related or if retaliation toward the session's participants is suspected, the team must insure that security officers are outside the debriefing room during the session and protection is available when participants both enter and leave the premises.

Separate Debriefings for Parents and Students

Parent and student needs are often different and cannot be adequately addressed through a single session. Thus, the first session is conducted with parents whose children experienced or witnessed the violent episode. It is important to keep the number of parents in these sessions small (i.e.,

less than 12). Parents most often express concern for their childrens' future safety and express anger at the school for not adequately protecting their children from the violent episode. It is imperative that the team keep parents focused on the immediate needs of their children and not make promises related to future student safety. Such promises cannot be guaranteed and detract from the students' immediate needs. Parents need to be continually reminded that the primary goals of this session are to:

(a) educate parents regarding possible symptoms their children may exhibit,
(b) offer available referral sources, and
(c) remind parents regarding their role in validating their children (which is not the same as validating possibly unfounded child presented concerns) and normalizing their childrens= concerns.

Students who have witnessed or experienced violence often are responding to their own perceived needs and concerns. Younger children, especially, are emotionally vulnerable and look to parents and teachers to protect them. Often they require reassurances of safety and indications from parents that the crisis is over. Therefore, the team must encourage a sense of security and calmness during the joint student-parent session. Team members can foster this by slowing their speech rates and lowering their voice tones. Whenever possible, debriefings should occur in quiet rooms away from hallway and playground noise. Movable furniture comfortable for parents and children alike is helpful.

During this joint student-parent debriefing, two circles are formed. No more than five or six students of similar ages should sit in the inner circle with friends and peers who witnessed or experienced the violence. Parents should sit behind their children. This parental presence promotes a perception of stability, unity, and support which can be heartening to students. An additional gesture of support can include parents placing their hands on their childrens' shoulders. This, however should only occur when children are receptive to such gestures.

Seven Adapted Debriefing Model Steps

Introduction step

During the introduction step, the team leader identifies members of the team and establishes rules for the debriefing experience. Participants are asked to identify persons who may not belong in the room (e.g., reporters, attorneys), who are then asked to leave. Confidentiality and its limits are explained and participants are encouraged not to discuss what is said within the session outside the debriefing room. All participants are encouraged to remain for the entire debriefing. The leader states that the primary purpose of the debriefing

session is to help school violence survivors recover from the experience as quickly as possible.

Fact gathering step

The second step of the process is fact gathering. Typically, the leader will begin this step by reporting that the team was not present during the violence and would like to hear about the episode from the children. Those speaking are encouraged to give their name and state what they did when the violent episode began. Emphasis is placed upon telling the facts of what each person encountered, and team members should not push participants to describe their feelings about the incident. However, should students begin sharing feelings, the team leader and co-leaders should acknowledge emotions expressed and indicate that these feelings are normal.

Thought step

The third step is the thought step. This step is transitional and helps participants move from the cognitive domain to the affective domain. The leader asks questions related to what students thought when the violence erupted (e.g., "What was your first thought when you saw her stab Phillip?" During this step it is crucial to continue to validate and normalize each student's reported thoughts and perceptions.

Reaction step

The thought step can quickly give way to the emotionally charged reaction step. Here, the focus should be kept upon participants' sharing their reactions to the violent experience. Typically, the leader will start with a question like, "What has been the most difficult part of seeing Tonya beaten?"

Symptom step

During the symptom step, the leader helps direct the group from the affective domain back to the cognitive domain. As emotionally charged reactions begin to subside, the leader asks students about any physical, cognitive, or affective symptoms experienced since the violent episode. Often the leader will discuss symptoms such as nausea, trembling hands, inability to concentrate, or feelings of anxiety. Typically, the leader will ask those who have encountered such experiences to raise their hands. Such a show of hands helps normalize the described symptoms and often helps survivors experience relief.

Teaching step

A teaching step follows the symptom step. Symptoms experienced by group members are reported as being both normal and expected. Possible future symptoms can be briefly described (e.g., reoccurring dreams of being attacked, restricted range of affect). This helps both parents and students better understand symptoms that they may encounter in the future and gives permission to discuss such symptoms should they

arise. During this teaching step the group leader may ask, "What little things have you done or noticed your friends, teachers, and parents doing that have helped you handle this situation so well?" This question suggests that the students are doing well and helps them begin to look for signs of progress rather than continuing to focus upon the violent episode. Sometimes older students will express feelings of support from peers, teachers, or parents. Younger students may use active fantasy to help them better cope with their fears or concerns. An example of such active fantasy is a child pretending that he or she is a hero who disarms the perpetrator and protects the other children from harm.

Re-entry step

The re-entry step attempts to place some closure on the experience and allows survivors and their parents to discuss further concerns or thoughts. The leader may ask students and parents to revisit pressing issues, discuss new topics or mention thoughts which might help the debriefing process come to a more successful end. After addressing any issues brought forward by the students or parents, the debriefing team makes a few closing comments related to any apparent group progress or visible group support. A hand-out written at an age appropriate reading-level for students and another written for adults discussing common reaction symptoms can be helpful. Younger children may prefer drawing faces which depict how they currently feel (e.g., anxious, sad, frightened). Later parents can use these pictures as conversation starters with their children at home. Hand-outs should list a 24-hour helpline number and include the work telephone number for the student's school counselor. Often, it is helpful to introduce parents to their child's school counselor at the debriefing.

Post-session Activities

After the session, team members should mingle with parents and children as refreshments are served. Team members should be looking for those who appear shaken or are experiencing severe distress. These persons should be encouraged to immediately meet with a counselor. The promotion of peer support (both parent and student) is important. Students and parents should be encouraged to telephone one another over the next few days to aid in the recovery process.

Summary

The described *Adapted Debriefing Model* demonstrates promise for helping both student survivors of school violence and their parents to cope with potentially negative residual psychological and social effects correlated with violence. The model has distinct differences from traditional *CISD* and was developed specifically for school age students.

The model is easy to implement and can be readily modified to meet the specific needs of students and parents alike.

References

Juhnke, G. A. (1997). After school violence: An adapted critical incident stress debriefing model for student survivors and their parents. Elementary School Guidance & Counseling, 31, 163-170.

Mitchell, J. T., & Everly, G. S. (1993). *Critical incident stress debriefing (CISD): An operations manual for the prevention of traumatic stress among emergency services and disaster workers*. Ellicott City, MD: Chevron Press.

O'Hara, D. M., Taylor, R., & Simpson, K. (1994). Critical incident stress debriefing: Bereavement support in schools developing a role for an LEA education psychology service. *Educational Psychology in Practice, 10*, 27-33

Thompson, R. (1990). *Post-traumatic loss debriefing: Providing immediate support for survivors of suicide or sudden loss*.(ERIC Document Reproduction Service No. ED 315 708)

Chapter Four Questions

The Adapted Debriefing Model has three major roles. Match the role with its described duties.

A. Director.
B. Leader.
C. Co-leader
D. Doorkeeper

1. This person's primary duties include adding relevant comments during the session and giving immediate support to students and parents who become emotionally distraught within the debriefing process.

A. Director.
B. Leader.
C. Co-leader
D. Doorkeeper

2. This person's primary duties include explaining the debriefing process to participants, creating a supportive debriefing milieu, identifying those experiencing excessive levels of emotional discomfort and directing team members via hand signals to intervene with severely distraught students or parents.

A. Director.
B. Leader.
C. Co-leader
D. Doorkeeper

3. This person's primary duties include keeping nonparticipants from entering into the debriefing and preventing severely distraught students and parents from bolting from the debriefing process.

A. Director.
B. Leader.
C. Co-leader
D. Doorkeeper

4. Which of the following responses is incorrect? Before the debriefing:

A. Team members should be apprised of the circumstances surrounding the violent episode.
B. Team members should identify the names of all participants and the reason for their inclusion in the debriefing experience.
C. Team members should learn whether or not the violence was random or specifically targeted toward intended victims.

D. Team members should learn whether or not the perpetrators were apprehended.

5. Select the correct statement.

A. The *Adapted Debriefing Model* is less formal in nature than the *Critical Incidence Debriefing Model* and therefore does not require the use of trained mental health professionals.

B. The *Critical Incidence Debriefing Model* was specifically designed to be used with students and therefore requires the participation of the school principal.

C. Both A and B are correct.

D. Neither A nor B is correct.

6. Compare and contrast *Critical Incident Stress Debriefing (CISD)* to the *Adapted Debriefing Model* described by the author.

---

7. Describe the Introduction Step of the *Adapted Debriefing Model.* Why do you think this step is one of the most important within the model?

---

8. Unlike the *Critical Incidence Stress Debriefing Model*, the *Adapted Debriefing Model* uses two separate debriefings. Compare and contrast these two separate debriefings and indicate what you believe would happen if both debriefings were collapsed into a single debriefing with both parents and students attending for the first time.

---

9. What are the post-debriefing activities described within the chapter and how do you believe these activities can be helpful to students and their parents?

---

10. Describe how you might go about establishing an *Adapted Debriefing Team* at your school?

Answers

1. C
2. B
3. D
4. B
5. D

62

Chapter Five

A Checklist to Assess School Violence Preparedness

Gerald A. Juhnke

Chapter Overview

Previous chapters within this ERIC/CASS school violence monograph have focused upon: (a) counseling school violence survivors, (b) assessing potentially violent students, and (c) counseling students who demonstrate high-risk clusters for violent behaviors but, lack the need for a restrictive environment. This fourth chapter will describe a pre-violence checklist which can be used to assess school violence preparedness.

A Checklist to Assess School Violence Preparedness

Given the need to provide students a safe environment in which to learn and socialize and the notable frequency of student violent behaviors, school administrators, principals, counselors, teachers, staff, and parents will undoubtedly wish to work collaboratively to insure that schools are prepared to effectively respond to school violence. Clearly, the time to review preparedness is prior to the occurrence of violence. Thus, this chapter will provide readers with a general pre-violence checklist and a succinct overview of policies and procedures which should be established and ready for immediate implementation should school violence occur. Undoubtedly, each school will have uniquenesses which should be taken into account when reviewing such a checklist and/or developing school violence related policies and procedures. The pre-violence checklist below can be easily modified or adapted to meet such individual school uniquenesses.

Preventive Previolence Policies

Preventive policies are intended to address elements and factors which may engender increased potential for violent behaviors. Prevention methods of working with high-risk students emphasize action before violence occurs. Thus, the following five preventative policies should be in print and readily available for all administrators, teachers, counselors, students and parents.

1. Violence Prevention Meetings

Monthly violence prevention meetings should be open to the public and facilitated by a committee composed of interested parents, students, teachers, administrators, police, mental health providers, and community leaders (e.g., business owners, clergy, alumni, etc.). The intent of these meetings is to: (a) identify creative ways to increase school safety and school safety awareness, (b) identify potential safety concerns (e.g., repeatedly intoxicated student groups at sporting events), (c) reporting environmental areas which might pose concern (unlit school hallways, etc.), and (d) propose possible interventions to address safety concerns. Such a committee would not necessarily establish rules and policies, but rather work in an advisory capacity to provide recommendations to school administrators, who could then jointly work with local law enforcement or mental health personnel.

2. Personal and Environmental Searches

Administrators, faculty, staff, students, parents, and police should

understand how searches for weapons, drugs, stolen property, and other potential contraband will be conducted. These policies should describe: (a) when such searches will be conducted (e.g., random searches, searches resulting from anonymous tips, etc.), (b) who will be present during such searches, (c) the rights of those persons being searched, (d) items forbidden from being brought onto school grounds or forbidden from being within the student's possession on campus (e.g., guns, illicit drugs, etc.), and (d) the appeals processes available to those who have been searched or whose property has been searched. Furthermore, these policies should describe when and how vehicles brought onto school grounds might be searched.

3. Conduct and Behavior Expectations:

Administrators, teachers, staff, students and parents need to clearly be aware of both appropriate and unacceptable behaviors. This policy would explain expectations of appropriate conduct, describe how unacceptable conduct will be addressed, and describe any appeals processes.

4. System of Care Individual, Group, and Family Counseling:

Students deemed as being at high risk for student violence need preventative counseling services as well as social learning educational components such as conflict resolution. Policies related to the expectations and requirements for such students and their families to participate in counseling can help reduce the probability of violent behaviors. Concomitantly, attendance in treatment provides counselors additional assessment opportunities and a baseline to evaluate student progress. Such continuous assessments over time provide additional information regarding other counseling related services which may be warranted. Additionally, continuous assessments can alert school counselors to high risk students who begin decompensating or who report increased violent ideation and behaviors. Therefore, the probability of intervention before violence occurs increases.

5. College Faculty and Students:

Many times faculty with specific expertise related to school violence are within a short driving distance to schools which have encountered violence. Often these faculty are training entry and doctoral level students in intervention methods which could be helpful to school violence survivors. Establishing contacts and working policies with such faculty and their students would likely be mutually beneficial. One of the significant benefits of such policies is that faculty in professions like counseling, social work, psychology, and family therapy can assist by

quickly bringing a sizable group of volunteer graduate students to help in whatever manner necessary. This can range from sitting and talking with a student who was present in the building when the violence erupted to co-facilitating debriefing groups with student survivors and their parents to sponsoring a conflict resolution training program for teachers and students. Additionally, faculty and students from specializations in art, dance, or recreation management can creatively work with school violence survivors in post-violence experiences to aid in the healing process. Here, for example, art instructors could encourage younger students to draw pictures of their experience, or recreation management students could create a ropes course on the school grounds. Students and faculty can then research effectiveness of various interventions and apply derived knowledge to further prevent school violence.

Response Policies

The following five response policies should be delineated in print and ready for immediate implementation prior to the occurrence of violence. Response policies are designed to engender helpful behaviors in the event of school violence. These policies are indicated below.

1. Violence Prevention Drills

On a pre-identified day before school starts each fall, interested teachers, administrators, police, and mental health providers would respond to a simulated student violence at each of the school locations. The intent of such simulated student violence is to have school, police, and mental health personnel, become familiar with response interventions and procedures (e.g., identifying which rooms can be readily available for post-violence debriefings, identifying how mental health providers will be transported from their various locations to the school to conduct post-violence interventions, etc.).

2. Violence Response Training:

Administrators, principals, counselors, teachers and support staff should receive ongoing violence response training. Here, school violence safety specialists would be brought to campus to give practical seminars about effective responses to school violence scenarios (e.g., gun shots heard in the school hallway, etc.) and would facilitate discussions in which participants would answer questions regarding their response to various scenarios involving violence. For example, following the seminar, participants might be asked, " What would you do if a student reported that another student had a gun in her backpack and had been threatening to shoot another teacher?" The intent is to prepare staff and students to

respond in a manner which would lessen the probability of violence and provide the greatest safety to all involved.

3. Media Response Unit

Following a school shooting and suicide which I responded to approximately four years ago, local and regional television news reporters descended upon the school campus and began randomly interviewing students, parents, and teachers. Emotionally charged parents and traumatized students responded as best they could to sometimes leading questions. Some who were interviewed provided incorrect information related to those believed to have been shot or involved in the shooting. Others mistakenly reported events in a manner which portrayed others in an inappropriate manner. Clearly, it is important that individual administrators, teachers, staff, and students should be dissuaded from speaking independently to media personnel. Instead, school administrators should identify a single spokesperson for each school. Policies prohibiting media personnel from trespassing upon school property and dissuading the interviewing of administrators, teachers, staff and students (i.e., all persons other than the designated spokesperson) should be presented to media outlets.

4. Violence Response Decision Trees

Clearly written and up-to-date violence response policies are vital. Policies written in a "decision tree format" are helpful. Such policies clearly delineate exactly who will perform what functions under specific conditions (e.g., gang related shootings on campus, student hostage occurring on campus, faculty hostage occurring on campus, etc.). Such policies should be easily accessible by administrators, teachers, police, and mental health providers. An example of a decision tree which can be adapted as necessary for specific schools is contained within Table 1.1.

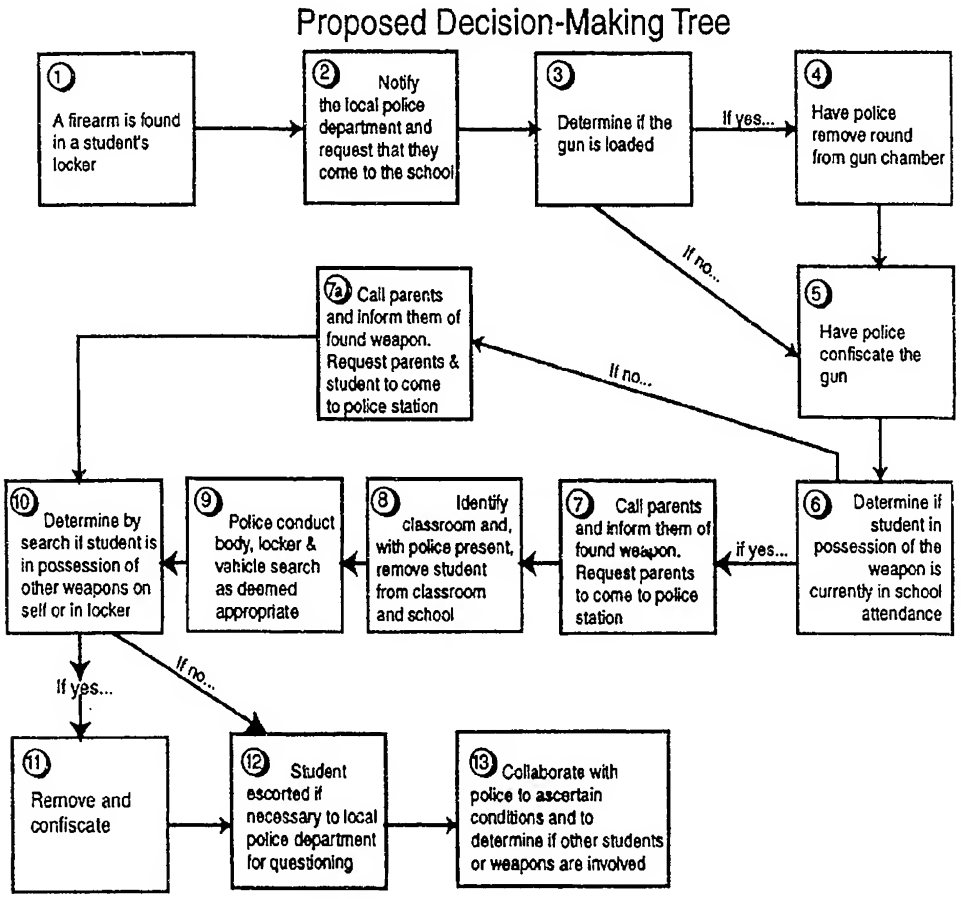
5. Hospital/Emergency Medical Services/Physicians/Mental Health Personnel:

Establishing policies with local hospitals, Emergency Medical Services (EMS), pediatric physicians and surgeons, and mental health personnel with specialization in children/adolescents populations related to mass medical and psychiatric services for survivors of school violence is important. Specifically needed are policies which would delineate which hospitals students would be sent to how the transportation of large numbers of students would occur, and the types of services which would be made available by local mental health personnel.

Conclusion

The frequency of school violence necessitates both preventative and response policies and procedures which will likely increase the probability of safety and protection for all persons within schools. Regretfully, even the best written or intended policies and will not end school violence. The policies indicated above can serve as an initial checklist to assess school violence preparedness. They can be modified to meet the individual characteristics of any school and should be viewed as a basic foundation for most schools. When used in conjunction with the assessment and interventions previously described within this monograph, they can help create student safety and establish a collaborative, nonviolent environment both within and outside the schools.

Table 1.1



Chapter Five Questions

1. The author suggests that violence prevention meetings should include all *but* the following persons:

A. Interested parents
B. Police
C. Community leaders
D. All of the above should be included.

2. Administrators, faculty, staff, students, parents, and police should understand how personal and environmental searches will be conducted at schools. Therefore, policies should be established which indicate all *but* the following:

A. The dates and times of searches prior to their occurrence.
B. The rights of persons being searched.
C. The items forbidden from being brought to school.
D. The appeals process available to those who have been searched.

3. The author suggests ways in which university and college faculty can possibly assist schools related to the violence. These include all *but* the following:

A. University faculty from professions such as counseling, social work, psychology, and family therapy can assist schools which have experienced violence by quickly bringing a sizable group of volunteer graduate students to help in many ways ranging from merely sitting and talking with survivors to helping trained mental health workers debrief student survivors and their parents.
B. University faculty can often access students from professional studies such as counseling, social work, psychology, and family therapy to help provide conflict resolution training programs for teachers and students.
C. University faculty and students from specializations in art, dance, or recreation management can creatively work with school violence survivors in post violence experiences designed to aid in the healing process.
D. All of the above are noted within the chapter and are viable reasons to include university faculty and professional students in schools.

4. Violence response training policies as described within this chapter refer to all of the following except:

A. Bringing school violence safety specialists to campus to give practical seminars about effective responses to varied school violence scenarios.
B. Practicing simulated student violence drills on a pre-identified day before school starts each fall.
C. Asking teacher participants in a seminar format questions like, "What would you do if a student reported that another student had a gun in her backpack and had been threatening to shoot another teacher?"
D. All of the above are correct responses to the violence response training policies section of this chapter.

5. Pick the *incorrect* response to the statement, "A Violence Response Decision Tree should..."

A. Delineate exactly who will perform what function under specific conditions (e.g., who will do what during a student hostage incident occurring on campus, etc.).
B. Be updated regularly.
C. Be clearly written.
D. All of the above are correct, and there are no incorrect responses listed for this question.

6. Name the persons you would think important to participate in weekly violence prevention meetings at your school.

---

7. Describe how you would go about establishing clearly written conduct and behavior expectation policies to your students. If you already have such conduct and behavior expectation policies, how are students and parents informed of same within your school? Are there other distribution methods for this information which may be warranted?

---

8. What do you see as the relevance to the media response unit policy? If you have ever had a violent episode on your school campus, how did local news agencies in your community respond? If you have not had a violent episode on your campus, how do you believe your local news agencies would respond? What policies and actions can you take to insure positive responses and diminish the probability of poor or negatively perceived responses?

---

9. Which university and college campuses are within a relatively short driving time to your school? How might you go about contacting faculty there who might be interested in assisting your school in developing policies and procedures similar to the ones outlined in this chapter? Are there other needs related to violence prevention or response which these faculty and their students could address at your school ?

---

10. Identify and describe the hospitals closest to your school. What special needs might you have that they should be prepared to respond to should school violence occur? How can you go about establishing communications with these hospitals to insure they can be prepared to make such responses?

Answers

1. D
2. A
3. D
4. B
5. D

Chapter Six

School Violence: Where Do We Go From Here?

Gerald A. Juhnke

Chapter Overview

Previous chapters contained within this monograph have discussed multiple aspects related to school violence including assessment, intervention, and policies. This final chapter will succinctly describe future initiatives related to curbing school violence and promoting school safety.

School Violence: Where Do We Go From Here?

Clearly, the incidence and harm resulting from school violence is disturbing. Administrators, teachers, counselors, students, and parents struggle to insure that schools are free from violence. Yet, school violence likely will not disappear in the near future. Promising new projects which establish community-wide prevention and intervention are needed. The intent of this final chapter, then, is to describe new initiatives which demonstrate promise and can lead to second order changes. It is our hope that such changes will alter the fundamental beliefs regarding school violence and engender a new understanding of both school violence and the needs which drive it.

Violence Prevention and Intervention Training for School Counselors

Many school counselors are "front line" workers. They know their students, the jargon used by their students, and the stressors which students face. Few professionals are as trusted by students as are these counselors. Yet, for the most part, school counselor training has changed little during the past 15 to 20 years. Formal graduate school education for new school counselors must include violence prevention and intervention training. Specifically needed are courses which address areas such as:

(a) *Systems of Care* interventions,
(b) assessment of violent and substance abusing students,
(c) violence mediation,
(d) family counseling and
(e) cognitive or cognitive behavioral interventions coupled with social learning models.

Experienced school counselors should be encouraged and rewarded for participation in practical seminar programs revolving around these same topics.

Violence Prevention Officers

Given the number of funding agencies which indicate monies available to provide financial support for research in this area, it would seem that school districts and administrators would look at collaboratively working with law enforcement, universities, social service agencies, and local parenting groups to seek soft monies designated for the training of one or two violence prevention officers within each school. Professionals with specialized training in violence prevention, childhood and adolescent development, and assessment would seem appropriate for such positions.

These professionals would specifically provide counseling services to high risk students via individual, group, and family counseling.

Extended Day Programs for Students

Positive peer relationships seem to play an important role in reducing the probability of non-gang related violence. Thus, it would seem vitally important for extended day programs to be established. Here, students would be encouraged to participate in organized sports and extra-curricular activities (e.g., Spanish Club, band, etc.) with peers. The more time students spend in a supervised and structured environment without alcohol and other drugs, the less time they will have available for violent activities. Concomitantly, structured environments increase the probability of accurate assessments, thereby affording school counselors greater probability of accurately assessing decompensating students or persons becoming more violent.

Parent, Grandparent, and Extended Family Training

Parents, grandparents, and extended family play a vital role in keeping students violence free. Past interventions often devalued the roles of these significant childhood influences and reduced the effectiveness of their supervision by diluting their power. Actively involving these vitally important persons in the lives of students and their peers creates a greater sense of community and can increase prosocial behaviors.

Training families to establish family rituals is also vital. Gurian (1999) states, "All areas in a boy's life are enhanced by family rituals" (p. 140). Rituals which require daily family interactions (e.g., the requirement that the entire family socialize over supper) and established weekly rituals (e.g., mother and father alternating Saturday morning McDonald's breakfasts with each of the children) increase opportunities for belonging, support, and discussion between parents and children. These rituals can reduce the probability of violence and enhance the probability that children's concerns can be addressed at the family level vis-a-vis the school.

Non-punitive, Non-mandatory Religious and Spiritual Opportunities

Providing increased student opportunities to freely choose to participate in supportive, non-punitive religious and spiritual experiences is another promising intervention which warrants additional investigation.

Garbarino (1999) states, "Spirituality and love can fill in the holes left in the story of a boy's life and help him develop a strong positive sense of self and healthy limits, thus forestalling the need to compensate with grandiose posturing and deadly petulance" (p. 155). Garbarino suggests religion, "...when it is grounded in spirituality and love..." (p. 155), gives life purpose and provides a context for daily experiences.

Specialized School Programming for Boys

Given that boys and adolescent males compose the clear majority of young violent offenders and that thus far all student shooters in mass student shootings have been males, it seems important to establish specialized school programs for males. Murray (1999) states, "Schools are 'antiboy'. Elementary schools emphasize reading and restrict the activity of young boys, who are generally more active and slower to read than girls. Teachers often discipline boys more harshly than girls. Sensitivity isn't modeled to boys so they don't learn it" (p. 1). Garbarino (1999) and Gurian (1999) also note similar stressor and problems typically experienced by boys and male adolescents (e.g., increased frequency of Attention Deficit Disorders for boys vis-a-vis girls, the social expectations to not display feelings of pain or hurt, etc.). Programming which addresses these important issues is important.

Additionally, based upon Bowen and Bowen's (1999) findings, which appear consistent with existing literature (Berman, Kurtines, Silverman, & Serafini, 1996; Jenkins & Bell, 1994; Richters & Maxtinez, 1993), non-European American boys and male adolescents living in urban environments with greater exposure to violence and neighborhood dangers may benefit most from programming which addresses such violence and victimization exposure.

Increased Community Service Opportunities

Programs which encourage student participation in community service projects can serve to increase personal contacts which reduce the amount of time available to be violent. Allowing students the freedom to choose community service programs they wish to initiate seems like a helpful way to provide both service to the community and to students. Programs like *Habitat for Humanity* teach students to value life and to serve.

Animal Relationships

Working at local animal shelters or with local animal groups (e.g.,

Save the Greyhounds, etc.) seems like a logical way of having students gain further understanding of and caring for living beings. Further investigation related to possible correlations between the effects of nurturing interactions between youth and violent behavior are warranted.

School Wide Discipline Plans

Walker (1995) states that consistent school wide discipline plans can promote a peaceful, caring student culture which reinforces students in highly visible ways for exhibiting prosocial behaviors. Here, the discipline plan insures that students, teachers, parents, and administrators, know the school rules and corresponding sanctions and rewards. Thus, school wide discipline plans can be established in ways to decrease violent behaviors and encourage prosocial interactions.

Removal of Punishment Oriented Policies

Clearly students need habilitative services vis-a-vis punishment oriented policies (Fitzsimmons, 1998). Those breaking established school rules need to be nurtured and moved back into prosocial behaviors. Punishment for punishment's sake, according to Fitzsimmons, does little to habilitate. Programs and policies should be designed in a fashion to enhance healthy social interactions with peers and adults.

Conclusion

The projects suggested above are merely a beginning. The time to act is now. Our youth and America's future compel us to establish new interdisciplinary and collaborative anti-violence programming. Without such response, the loss of innocent life and the costs of interpersonal violence will continue to wreak harm upon our children and the society in which we live.

References

Berman, S. L., Kurtines, W. M., Silverman, W. K., & Serafini, L. T. (1996). The impact of exposure to crime and violence on urban youth. *American Journal of Orthopsychiatry, 66*, 329-336.

Bowen, N. K., & Bowen, G. L. (1999). Effects of crime and violence in neighborhoods and schools on the school behavior and performance of adolescents. *Journal of Adolescent Research, 14,* 319-324.

Fitzsimmons, M. K. (1998). *Violence and aggression in children and youth.* ERIC Digest. (ERIC Document Reproduction Service no. ED429419.

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them.* New York, NY: The Free Press.

Gurian, M. (1999). *A fine young man: What parents, mentors, and educators can do to shape adolescent boys into exceptional men.* New York, NY: Jeremy P. Tarcher/Putnam.

Jenkins, E. J., & Bell, C. C. (1994). Violence among inner city high school students and posttraumatic stress disorder. In S. Friedman (Ed.), *Anxiety disorders in African Americans* (pp. 76-88). New York, NY: Springer.

Murray, B. (1999, July/August). Boys to men: Emotional miseducation. The *American Psychological Association Monitor*, p. 1, 38-39.

Richters, J., & Maxtinez, P. (1993). The NIMH community violence project: I. Children as victims of and witnesses to violence. *Psychiatry, 56,* 7-21.

Walker, D. (1995). *School violence prevention.* Ann Arbor, MI: ERIC/ CAPS. (ERIC Document Reproduction Service NO. ED 379 786)

Chapter Six Questions

1. Based upon Chapter Six, which statement would not be endorsed by the author.

A. School counselors are front line workers who know their students.

B. Few professionals are as trusted by their students as school counselors.

C. In general, formal graduate school education for school counselors has not changed much during the past 15 to 20 years.

D. All of the above would likely be endorsed by the authors

2. Choose the *incorrect* statement related to this chapter's section on violence prevention officers.

A. Collaborative efforts to attain funding for violence prevention officers are likely to be successful.

B. Violence prevention officers should be trained in assessment.

C. Violence prevention officers should primarily be trained in law enforcement procedures and therefore, should not be required to have an understanding of childhood and adolescent development.

D. Violence prevention officers would provide services to high risk students via individual, group and family counseling.

3. Choose the *correct* statement below.

A. Extended day programs for students have little benefit in reducing student violence.

B. Positive peer relationships via organized sports, extra curricula activities such as band or debate clubs have demonstrated potential for reducing the incidence of student violence.

C. Structured environments provided by extended day programs for students have been demonstrated as inciting students at risk of violence to become more violent. This is thought to be related to their intense need for freedom and their feeling "trapped" via more structured extended day programs.

D. All of the above statements are true.

4. Which of the following responses is *incorrect*?

A. Boys and adolescent males compose the clear majority of young violent offenders and student shooters.

B. Some experts suggest that schools are "antiboy" and that meaningful changes to the school environment are

warranted for boys.

C. Specialized programming related to the needs of girls in schools is unwarranted, given that girls do not compose the majority of young violent offenders.

D. All of the above statements are true.

5. Which of the following statements is *incorrect* regarding this chapter?

A. The establishment of consistent school wide discipline policies is important to reducing school violence.

B. Punishment oriented policies should be changed to be more habilitative.

C. Mandatory religious experiences should be required of all students.

D. Community service projects can serve to help high risk students.

6. Which three of the proposed programs do you believe would be most embraced within your school? Indicate why you believe these would be embraced.

---

7. Which three of the proposed programs do you believe would be most effective in your school as a means to reduce school violence? Are these the same three programs you described in question six as most likely to be embraced by your school? If not, what are the differences between these programs, and how could you work to insure that the most effective programs would be embraced by yourschool?

---

8. Describe programs other than those suggested within the chapter which you believe would be helpful at your school. What would it take to initiate such programming?

---

9. Describe how you believe parents, grand parents, and extended family members could be invited to your school to assume an active role against violence.

---

10. It is often easy to feel alone when working toward a goal of decreasing violence within your school. The task is enormous and the consequences of failure can be deadly. Identify two people you work with who would join you in your charge to reduce school violence. When will you ask them to join with you toward this goal and how will you ask them?

Answers

1. D
2. C
3. B
4. D
5. C

Acknowledgment

I wish to acknowledge and thank a number of persons who invested considerable time and energy into this writing project. Ms. Wendy Charkow, Mr. Brian Gmutza, Ms. Jennifer Adams, and Mr. Joseph Jordan, all doctoral students in the Department of Counseling and Educational Development in The School of Education at The University of North Carolina at Greensboro, and Mr. Matthew Fearrington, a recent master's program graduate, provided invaluable literature searches, suggestions, and enthusiasm during the research and writing process. Their commitment to reducing school violence is clearly noteworthy and demonstrates significant promise towards our nation's future generation of helping professionals.

Dr. Garry Walz, Dr. Jeanne Bleuer, Ms. Kaye Davis, Ms. Mary Sue McGuire, and the ERIC/CASS staff warrant acknowledgment as well. Gary and Jeanne worked grammatical miracles and graciously provided direction related to the monograph's organization. Kaye's original artwork and bold graphics promote interest and conceptual skills. And, Mary's kind encouragement and organizational skills were most appreciated.

Additionally, I would be remiss if I did not recognize Dr. David Armstrong, Dean of The University of North Carolina at Greensboro's School of Education, Dr. L. DiAnne Borders, Chair of the Department of Counseling and Educational Development, and Department faculty members Dr. William Purkey and Dr. Nicholas Vacc who provided much encouragement and suggestions.

Most importantly, I wish to thank my wife, Deb, my son, Bryce, and my daughter, Brenna. Their encouragement, love, and zeal for family life have provided me the freedom to write. Without their support, and the baby sitting efforts of my parents, Gerald and Violet, this writing project would have never come to fruition. Finally, I thank God for the countless health, family, and spiritual blessings given to me.

Useful Resources

ERIC...for all your information needs!

ERIC

ERIC (Educational Resources Information Center) is a national information system that provides ready access to an extensive body of education-related literature. Through its 16 subject-specific clearinghouses and four support components, ERIC provides a variety of services and products including acquiring and indexing documents and journal articles, producing publications, responding to requests, and distributing microfilmed materials to libraries nationwide. In addition, ERIC maintains a database of over 800,000 citations to documents and journal articles.

ERIC/CASS

The ERIC Counseling and Student Services Clearinghouse (ERIC/CASS) was one of the original clearinghouses established in 1966. Its scope area includes school counseling, school social work, school psychology, mental health counseling, marriage and family counseling, career counseling, and student development.

Topics covered by ERIC/CASS include the training, supervision, and continuing professional development of counseling, college student services and development professionals, as well as adult counseling and mental health professionals. Other up-to-date and relevant topics include:

(a) counseling theories, research methods, and practices;
(b) the roles of counselors, social workers, and psychologists in all educational settings at all educational levels;
(c) career planning and development;
(d) self-esteem and self-efficacy;
(e) marriage and family counseling; and
(f) counseling services to special populations such as substance abusers, pregnant teenagers, students at risk and public offenders.

ERIC/CASS exists to serve anyone who has a need to access information related to counseling and student services with quick and friendly assistance to retrieve information related to counseling and human services. Print indexes (RIE and CIJE), on-line searches, and ERIC on CD-ROM can be helpful in locating what is needed.

How To Access Information

The most convenient method of gaining access to the information is to contact a local public, college, or university library that provides ERIC database search services. The customer service staff at **1-800-LET-ERIC (538-3742)** can provide information about the location in your area.

Customers can also access ERIC Clearinghouses or the central ERIC facility via the Internet at **http://www.accesseric.org:81/** You may conduct your own search of the ERIC database on the Internet by visiting the ERIC Document Reproduction Service at: **http://edrs.com/**.Complete instructions and tips for targeting your search are provided.

You can send an e-mail question and receive a return e-mail usually within 48 hours. The reply will contain a mini-search of the ERIC d atabase with references to ERIC documents and journal articles as well as suggestions for other sources of information relevant to your question. Send an e-mail to: **askeric@ askeric.org** or search the website at: **http:askeric.org**.

Contact Us Directly

Should these options be unavailable to you, contact ERIC/CASS directly for your information needs. We are able to electronically search and retrieve information based upon descriptors and key words as well as bibliographic information such as author, publication date, etc. You may request a search via a letter or fax indicating subjects, topics, key words or phrases, etc., that you wish to focus upon. You may also contact us by telephone **(800/414-9769)** or e-mail **(ericcass@uncg.edu)** so that we may discuss your needs and assist you in focusing your search in order to provide results as specific as possible.

More Resources From ERIC/CASS

ERIC/CASS is an active user of electronic communication. The CASS website features an array of targeted virtual libraries that offer users access to an unparalleled abundance of resources on priority educational topics including materials from the U.S. Department of Education and the National Library of Education. These on-line functioning libraries provide a wealth of free, full-text resources which can be downloaded and instantly put to use.

Access the user-friendly ERIC/CASS virtual libraries website at: **http://www.uncg.edu/edu/ericcass/libhome.htm**

INTERNATIONAL CAREER DEVELOPMENT LIBRARY

Where to Go When You Want to Know...developed and managed by NOICC & ERIC/CASS.

The ***ICDL*** is a Virtual Library available to anyone with an Internet connection. It features a wide range of books and resources covering all aspects of career development for all age levels and for practitioners, researchers and educators, as well as students and parents. With the ongoing assistance of professional organizations and Department of Education components such as NLE and ERIC, it has exceptionally comprehensive and intensive coverage. Some of its present features as well as ones which will be added in the future are listed below. Like any new major development, it has to be seen and experienced to appreciate it, so check it out now!

SPECIAL FEATURES

- Access hot links to international web sites
- Easily download full text resources
- Customize every search using the special search engine
- Participate in the discussion of compelling career issues
- Engage in interactive, multimedia learning activities
- Learn for credit & ceu's
- Acquire requisite competencies for the cyber age
- Network with like-minded colleagues around the world
- Be a knowledgeable contributor as well as a user
- Participate at any level—new or experienced
- Utilize regularly appearing special condensations of major new publications
- Dialogue with world authorities
- Visit the topical "shelves" and browse the special collections, e.g., exemplary career development practices & programs, innovations in career development, etc.

Access the International Career Development Library at:
http://icdl.uncg.edu/

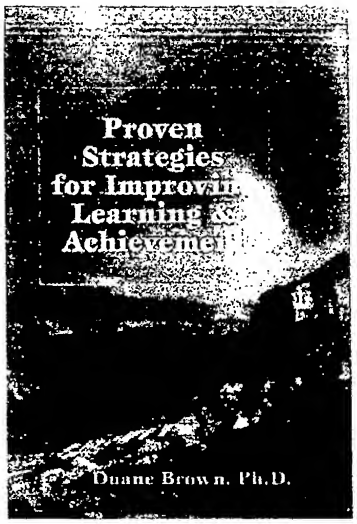
ERIC Publications: In Print And On-line

ERIC/CASS publications provide resources which respond to your needs. Written by expert researchers, scholars, and practitioners, they range from two-page information digests to in-depth monographs and books. ERIC/CASS publications are well-known for their intensive and up-to-date analyses of high priority topics. We also offer selected publications from other professional associations and commercial sources.

For information on ERIC/CASS publications, call for a catalog (**800/414-9769**) or you may order from our on-line catalog at: **http://www.uncg.edu/edu/ericcass.**

The ERIC/CASS Newsletter

ERIC/CASS regularly announces new publications and digests, important developments in OERI and the Department of Education, and the availability of specialized training through workshops, conferences, and conventions. The CASS newsletter is the usual way of updating members of the CASS network as to available resources and future developments. Call the CASS 800 number and request to join the network.



Proven Strategies for Improving Learning & Achievement

Duane Brown

This book provides counselors and student affairs specialists with tools for maximizing student learning and achievement. Among the topics covered are:

- improving the achievement of racial, ethnic, and cultural minorities through advocacy, consultation and collaboration:
- improving academic achievement through cooperative learning;
- developing a positive school climate;
- influencing student perceptions and heightening teacher awareness;
- study skills courses for elementary, middle and high schools;
- improving test scores;
- eliminating test anxiety;
- time management;
- behavioral contracting and encouragement and
- much more!

EC 237 ISBN 1-56109-086-7 1999 307 pages

ERIC Counseling and Student Services Clearinghouse
School of Education • 201 Ferguson Building
The University of North Carolina at Greensboro
PO Box 26171 • Greensboro, NC 27402-6171
800-414-9769 • e-mail: ericcass@uncg.edu

ERIC

ISBN 1-56109-089-1
9 781561 090891